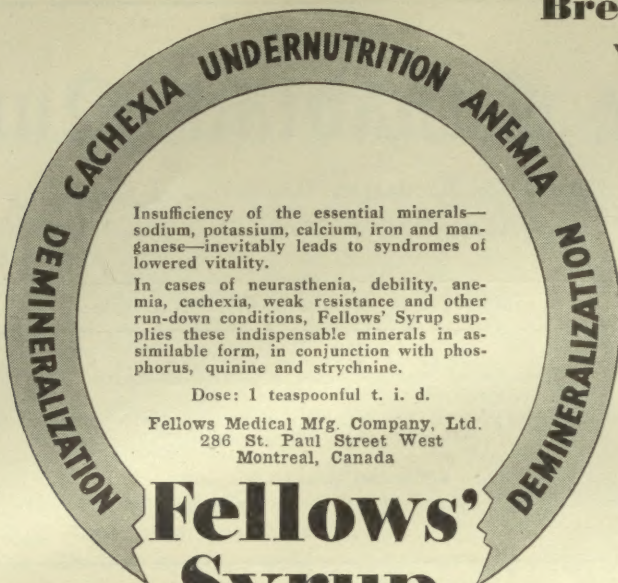




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Physics and Faith

By ALEXANDER MacPHAIL, LL.D., D.S.O., Queen's University, Kingston, Ontario.

There is no man so wretched as to be without faith, even if it be only a faith in the oldest of all the gods, the god of Luck, whose name the professors of physics have changed to "Statistical Probability." Faith can still move mountains. Physics cannot move an atom, but it can express the operation in a set of differential equations or a tensor.

Let us see whether the two are not really one. Our own apostle's definition of Faith is too well known to require statement: more than fifty years ago Claude Bernard told us that there is in reality only one physics, one chemistry and one general mechanics, into which all the phenomenal manifestations of nature enter, those of living as well as of non-living matter.

Each of these protagonists has built up for itself a grandiloquent system, but the two have never been independent of each other. The cosmogony of the day has always been incorporated into the religion of the day as an integral part of it. The religion of the day has influenced the fashion of scientific research. There are many sincere Christians who do not believe that the universe was created in the year 4004 before Christ, or that God put the fossils into the rocks ready made in order to try the faith of the devout. There are, also, modern scientists, like Sir Oliver Lodge, who do not believe that science can explain everything in the larger world.

Faith looks down into the human heart and professes to find God

there. Physics looks up into the heavens with eyes a thousand-fold fortified, and there seeks him; or into the dust of the dust of the earth on the same endless quest. Alas, for the unbridgeable gulf that is fixed between the human consciousness and the outside world, if indeed there be an outside world at all. Yet both of our great tyrants believe that they can achieve finality, each in its own way. Each has woven a glorious fabric of near intolerable beauty, of a profound depth of colour, fit to inspire awe in its own creator—the mind of man which is perhaps, not the greatest, but the only real thing in the universe. In the progress of time the two would appear to have changed sides; the mystic has almost become a materialist, tending to believe that the bodies of men are more precious than their souls, that hospitals are more urgent than churches, that the fed body houses the rich mind, that sanitation is the only salvation. The materialist of other times has become the mystic of the present; he has been heard to assert that so far from the world being wholly a material world, the world is not material at all.

Not so long ago the sun with the planets and the whole vault of heaven revolved about the earth, in a wondrous mazy motion. Men died who asserted the contrary. Later, the earth revolved about the sun, and the stars were fixed in the depths of space but no man was called upon to die a heretic's death for his belief. Now, neither of the two statements is true, for both sun and earth and stars go how they please, taking the easiest path. Even space and time have

been abolished, each losing its identity in the other, neither having any meaning without the other, but blended together inextricably by that magic imaginary square root of minus one.

* * *

It would be impossible to give a definite picture of the universe as it now exists. It is changing so fast that the picture of yesterday is obsolete to-day. At one moment the space-time continuum is a sphere closing in on itself, a soap-bubble expanding with incredible velocity and growing thinner and thinner as it expands to the bursting point; again it is a cylinder open at both ends like a stove-pipe; now it is a cone starting from a point and extending to infinity, a gigantic Gabriel's trumpet. Innumerable such analogies are offered to explain the incomprehensible.

As one consequence of the expanding universe, we must believe that all the stars in the sky are receding from us, the more distant ones with the greater velocity; and this would be the case with an observer placed in any part of the universe; as if the millions of millions of stars, of globular nebulae, of extra-galactic island universes, of colossal clouds of star dust which here and there obscure the heavens were fleeing from the face of us god-men who have chosen this earth for our habitation; perhaps the only spot in all that terrific agglomeration of matter where organic life, to say nothing of reasoning mind, has found a precarious and ephemeral lodgement.

And as they recede, piling millions of light years upon millions of light years in their distances, they lose mass by radiation (our own little sun loses 250 millions of tons every minute), until in the end they shall have disappeared not only from our view, but from actual existence, like the baseless fabric of a vision, leaving not a

wrack behind, except a vague thing, known as radiation, to fill a perfectly vacant nothingness that once was a universe. Truly a notable and iridescent bubble. Never blown before, never to be blown again. For time as well as space and matter shall be no more. There shall be no "now" and no "never" for ever and evermore. No "here" and no "there" anywhere. Everywhere nothing; for we have smashed this lovely world with our ruthless fist. But, really, in our hearts we shall build it again.

Faith has always been concerned with the beginnings of things — creation, as well as with the last things — eschatology. Physics merely sets the beginning farther back and the end farther forward.

But observe the faith which we all have in the conclusions of physics. It does not occur to any of us to doubt their sincerity. We believe because we do not understand. These conclusions are matters of commonplace knowledge to us all. The daily press records them with unerring accuracy; we require no other text-book of science, no other compendium of faith. There are only a few mathematicians in the world who are competent to deal with all branches of that science. They are their own severest critics.

* * *

With infinite toil and devotion the bounds of physical knowledge are being pushed out into the realm of the infinite.

Our newest Fellow of the Royal Society has laboured for thirty years in one small field of inquiry. These devotees seek for no reward but the discovery of the truth, or rather some newer approximation to the truth. They all follow their light with a Teresian ardour, nay, almost a fanaticism of faith.

We may well inquire what is to be the end of this imposing structure which we have built up in the

modern mechanical age. It has been the experience of mankind that any system reaches its culmination sooner or later, and then is susceptible to no further improvement; enduring for many ages, honoured by a blind belief in its infallibility, an unreasoning faith in its great founders. What weary centuries it required to outline the authority of Aristotle! What if modern research is to be halted by the forced limits of mechanical improvements in lenses, and the multitude of inventions which render it ever more complex, or if mathematical analysis shall become paralyzed by its very distention, or wander vaguely into the realm of pure surmise, until a new race shall have arisen with new hopes and desires, to begin the Sisyphean labour afresh? Then may come to pass that we shall all subscribe to a new creed, which we shall recite with a profound solemnity and teach to our children. In this wise:

"I believe in Probability all-sufficing, Permitter of the universes visible and invisible; and in its one foundation stone, Professor Albert Einstein, the wonder of the world, who conceived the Theory of Relativity by the power of mathematical analysis, stated it and defended it. He verified it by his three mighty signs, the procession of the nodes of Mercury, the aberration of light, and the displacement of the lines of the spectrum; and stands at the head of the communion of physicists, where he judges of the plausibility of all theories, living or dead. I believe in Fitzgerald's transformation, Quantum Mechanics, the Finiteness of Space and Time, the reality of Imaginary Quantities, the Increase of Entropy, Cosmic Expansion, and the end of all things by the conversion of matter into radiation."

But sooner or later some new and greater Gallileo will arise who shall refute our present Ptolemy by dropping a little stone from some

miraculously leaning tower, and convert that static world into a gloriously flying orb, and the cumbersome machinery of the heavens to a simplified expression of the will of God.

To the mind of the humble and simple, the fatal defect of our present magnificent fabric of the universe is that, grandiose as it is, it is yet finite in time, in extension and in mass. That it is running down; that it is to be annihilated; that it can never be restored.

But Physics will always contrive to remould the world nearer to the heart's desire.

I am speaking in a void. I suppose someone is listening in but I do not know. If there be any, he can annihilate me and all my works, so far as he is concerned, by a mere turn of a vulcanite knob—by Relativity, that is to say. He can at the same time create a new universe for himself, a universe of melody, of comedy, of sport, of oratory. But for all that, I am conscious that I still exist. Having once existed I am immortal and must endure for all eternity, and I began with the remotest beginnings of time: rather I sav I had no beginning. I am inextricably and mysteriously interwoven into the living mantle of the Godhead. Perhaps I and you, the earth, the solar system, our galactic nebula, along with the distant universes of which we are so amazingly aware, our very thoughts and aspirations all constitute but a single cell in the brain of a supreme being. Bad physics, but good faith.

We shall doubtless know more of these things than we do now; our outlook will be incredibly enlarged; we shall proceed from knowledge to knowledge, from power to power; but in the meantime we shall not be despised if we love mercy and maintain in us a humble spirit and a contrite heart. There is no conflict between Physics and Faith.

Editorial

OURSELVES

With this issue, the Executive Secretary takes what may be termed a last curtain call as Editor of the *Journal*. Usually, with the beginning of a year, one looks forward. However brief reminiscence may be recorded:

When, in 1924, the Executive Secretary was designated Editor and Business Manager by the Canadian Nurses Association to act until such time as more satisfactory arrangements could be effected, it was not anticipated that more than eight years would pass before the duties in connection with the *Journal* could be handed over to one who should give entire time to its interests. However, dreams do come true, sometimes, and now, for the first time since its publication, and as the retiring Editor issues the one hundredth and final copy under her direction, the desire and aim of the nursing profession in Canada are to be realised.

This January, 1933, should mark a turning point in nursing development in Canada and the appointment of an Editor indicates that progress toward *that* development has been made by the C.N.A. Progress is inevitable and nowhere more than in an organisation in which there is oneness of purpose as has been evidenced again and again in the National Organisation. Progress brings pleasure but it also brings regret. To the retiring Editor comes regret that progress has not been greater; that the *Journal* has not reached literary attainment comparable to desire and effort and that the circulation has not continued to increase at a rate similar to the years 1925 and 1926. Continuance of that rate would mean that now every registered nurse in good standing in the

Dominion would be a subscriber, instead of which the records show that only one member in every five is supporting the *Journal* as a subscriber. The non-support revealed in subscriptions has been the frequent cause of serious questioning by the writer. It is understood that our nurses are unanimous in wishing to have a national nursing journal owned and published by the Canadian Nurses Association. Then, surely, each one should be able to afford *a bit less than four cents a week* toward an annual subscription! Due recognition is here made to those members who have continued, year after year, to remit their renewal, frequently made when experiencing financial stringency caused through unemployment and sometimes coupled with ill-health and also when effort has been put forth to obtain post-graduate education. Well may such subscribers be termed the "back bone" of local, provincial and national activities. Might it be said that non-subscribers compose the "wish-bone"—they may wish for more of this or that in reading content; for a weekly or semi-monthly issue; for a lower subscription rate, etc. Their wishes could be met if each one acknowledged her individual responsibility as a subscriber.

Also, there is regret in severing direct contact with all those who have shown their interest and given their assistance throughout the past eight years. In numerous instances, sincere friendship has been established, not only in the centres of nurse population but also in the villages and rural districts. In the main, a group whom the Editor regrets never having had the pleasure of meeting. The

loyal and constant support of this group is anticipated for the Editor-elect as she enters on her new duties.

The newly appointed Editor is receiving many messages of welcome upon her return to her homeland. Throughout her sojourning abroad, she has retained an understanding interest in and appreciation of the work being developed at the National Office of the Canadian Nurses Association and from no one is there more sincerity of welcome than from the Executive Secretary. The *Journal* passes to the direction of one who wields an able pen and possesses ability and energy unlimited, enriched by varied and valuable experience.

It would be a sense of satisfaction and pride to the retiring

Editor and Business Manager if she had been able to present her successor with a subscription list showing 75%, instead of 20%, of members as subscribers. Is it too much to ask, in spite of hard times, that there be made through concerted action in each province a canvas which would result in at least 1,000 new subscriptions being received before July 1st next? It could be done. It would be a welcome in the most tangible form to the new Editor, as well as the best way in which members of the C.N.A. could acknowledge to the retiring officer that they consider "the line has been held" as satisfactorily as has been possible under existing circumstances for the past eight years.

JEAN WILSON.

THE CANADIAN NURSES ASSOCIATION

NEW YEAR'S GREETINGS TO ALL MEMBERS of the Canadian Nurses Association and readers of the *Journal* from the staff at the National Office.

Headquarters' staff regrets being unable to acknowledge by letter the many individual good wishes received during the closing weeks of last year. Moving time is always an upsetting time and when comparison is made between the small amount of furniture and equipment with which the National Office was opened and that which now belongs to the Association, amazement can be recorded. Finding a place for all material in the new headquarters will require time; in fact, as the New Year is entered, activities at the National Office are in a state tantamount to re-organisation and will continue so for at least the next six months. Much that should have been done had to be shelved in the interests of the *Journal*. Plans formulated in the beginning must be discarded or modified as years of experience have revealed

the inadvisability of retaining certain methods and procedures.

One need only consult the Minutes of Executive Committee Meetings to form an idea of the numerous ways in which the National Office should be prepared to carry out the programme and policies of the Executive; also to assist in the clerical and stenographic work arising from the activities of the Special Committees and the Sections. Correspondence demands constant attention and study. From this are obtained ideas in relationship to the varied needs and problems of the Association, the individual member and the public.

The strictest economy is exercised always at headquarters—in time as well as in finance. In fact, if there had not been an adherence to a strict "time budget" the National Office could not have functioned as it has done to the present time. It is recognised that these economies must be practised always. At the same time, a national headquarters, representative of a

professional body of women should maintain an atmosphere and appearance commensurate with the traditions, history and objectives of that profession. This, it is understood, is the desire of the Canadian Nurses Association.

The New Year is entered with pleasure and satisfaction that the

good will of all is for development at headquarters, where it is earnestly hoped that there will continue to exist a healthy discontent toward that *status quo* as well as a congenial atmosphere among the staff whose aim is the interests of nursing and nurses: individually, provincially, nationally and internationally.

SURGERY OF THYROID

Dr. F. G. McFADDEN, Strathroy, Ontario.

Tumors of the neck are so obvious that they have attracted attention from the earliest times, and any deviation from normal, which attracts attention, always invites an effort at treatment.

Medical history reveals that so long as 2,000 years ago, Chinese physicians made use of the same drug which we find indispensable even to-day.

Surgical history shows that probably no branch of surgery was propounded so long ago as that of goitre. Assuredly none has required the contributions of so many brilliant surgeons and physiologists for the solution of its many problems of management and operative technique, so that the patient is operated on with safety and restored to approximately normal health. Development of the operative technique preceded that of management because the anatomy of the thyroid gland was an open book compared to its physiology, which had to depend on the development of the science of biological chemistry.

The earliest record of operation on goitre was left by the Arabian surgeon, Albucasis, who operated in one of the three hospitals in the magic city of Bagdad 993 years ago. Incidentally, this recalls that surgery was developed in its early stages wholly by Orientals and to them we owe a real debt; to none

more than the Hebrew physicians whose racial traits insisted on separating the useful from the useless in medical practice. Their activities in this regard forced the disappearance of a lot of age-old quackery throughout the medical world.

While Albucasis left no record of his technique, we may safely presume that he used one or other or a combination of all of the three methods at his disposal—puncture of the tumor with its consequent infection and resultant suppuration; transfixion with a ligature and mass ligation with resultant sloughing; or application of caustics or the actual cautery. In his time and for centuries thereafter, tumors of the neck, as elsewhere, were thought to be spontaneous new growths having no connection with normal structures of the body.

An increasing knowledge of anatomy led to the realisation that tumors were definitely connected with the thyroid gland and thus was ushered in a more rational, anatomical attack in the attempt at cure. Of the anatomist surgeons whose case records are preserved, none deserve so supreme a tribute as that of the French surgeon, Desault, who, on May 20th, 141 years ago, did a classical dissection, with ligation of both superior thyroid arteries, both inferior arteries, complete removal of both lateral lobes and for the first time in history dissected the thyroid

(A paper read before a Quarterly Meeting of District 1, R.N.A., Ontario.)

isthmus off the trachea. The last named procedure having up until then been considered impossible, and a sure cause of death. His patient was a young lady. Her stay in hospital was thirty days, on account of infection. She was discharged as completely cured. When one considers that Desault operated without anaesthetic, without asepsis, without anything like a modern artery forcep, his achievement assumes monumental proportions.

The introduction of general anaesthesia, eighty-six years ago, was an epochal event. It gave tremendous impetus to all branches of surgery. Goitre surgery profited by the deliberateness of procedure this made possible, and more accurate observation led to more success. Twenty-one years later, Lord Lister, utilising Pasteur's experiments and conclusions, adopted antisepsis and revolutionised surgery. Lister's carbolic acid spray eliminated the most dreaded factor in operating, namely, infection. The next most dreaded problem, hæmorrhage, was solved by the development of the artery forceps as we know them. They were first used sixty-two years ago and were popularised in America by that great surgeon, Halstead. Further margins of safety were soon added. Boiling of instruments began forty-six years ago and about the same time scrubbing the hands was adopted as necessary. Rubber gloves were first used in the winter of 1899-1890, and gradually sterilising the operative field by a spray of carbolic acid during the operation was superceded by the practice of having everything about the patient and operating room sterile throughout the operation. In other words, asepsis replaced antisepsis.

Of special benefit to thyroid surgery was the discovery and use of local anaesthetics. Their use eliminated much of the shock and lessened the possibilities of post-oper-

ative bronchitis and pneumonia. Their use allowed the patient to talk during the operation and thus removed the danger of injury to the recurrent laryngeal nerve. (If this nerve is injured by an artery forceps or tied in a ligature, the vocal cord is paralysed and the voice immediately becomes husky. If the offending forcep or ligature is at once removed, no permanent damage to the nerve results.) Their use also did away with the patient's dread of being unconscious.

The next addition to the thyroid surgeon's armament was the theory of anoci-association developed by Crile of Cleveland. This theory dealt with cause of shock and its prevention and treatment. Crile also taught that the giving of fluids to toxic goitre-patients should be done by hypodermoclysis. They not only got their fluids but their body cells were thus more effectively detoxified. In connection with shock, he popularised treatment by intravenous solutions and transfusion of whole blood. For his successful researches in these and other fields in the effort to protect life, Crile is justly ranked with the world's greatest surgeons.

You will recall that one of the peculiarities of ulcer of the stomach is periodic freedom from symptoms a period of distress followed by relief regardless of treatment. The same peculiarity is found in duodenal ulcer, pernicious anaemia and toxic goitre. This period of remission of symptoms in toxic goitre has for years been utilised as the safest time to operate. Obviously, the greater the freedom from symptoms the less dangerous the operation. Until the fact that an increased basal metabolism rate was always found in toxic goitre cases and that this increase paralleled the increase or decrease in toxic symptoms, the choice of time for operation remained wholly a matter of the surgeon's judg-

ment. With this knowledge, the basal metabolism rate became the accurate guide as to the safest time for operation. It tells us on first seeing the patient how sick he is; it tells us the safest moment for operating, and taken post-operatively it tells us whether the remnant of thyroid is functioning normally, excessively or sub-normally. The latter information decides the post-operative type of medical care required.

The active product of the thyroid was not known until 1914 when Kendall of Mayo's Clinic isolated it and called it "thyroxin". He found that in normal healthy people its quantity in the body was constant; that in toxic goitre cases it was increased. But it remained for Plummer of the same clinic, in 1922, to prove that it was the excess of thyroxin that caused the toxic symptoms and to prove that iodine in the form of Lugol's solution would counteract that excess and bring about a maximum remission of toxic symptoms within eight to fourteen days.

Plummer's discovery meant a lot to sufferers from toxic goitre. We no longer had to wait patiently for nature to effect a remission; we could bring on an artificial one which was much more satisfactory. More satisfactory to the surgeon, as he knew it would be a maximum remission; and more satisfactory to the patient as the date of operation could be definitely fixed. The surgeon was happier because he knew he would be operating with the greatest possible safety, and the patient was relieved of the strain of an indefinite wait.

The foregoing sums up our present knowledge as to the history of surgery and physiology of the thyroid as well as something of treatment. It remains to tell you something of actual types of diseased thyroids we meet, in whom they occur, and what localities.

As you know, there are definite goitre countries, such as Switzerland. What you may not know is that we live in a goitre belt. For it is well known that in the belt of land immediately bordering the great lakes, goitre is far more prevalent than in the districts more removed from these great drainage areas.

The ages at which goitre may appear range all the way from infancy to old age. The interest in the infant's thyroid tumor rests in the fact that it is from foetal adenomas that cancer develops later in life. The thyroid condition of old age is more of interest to the medical men and it is interesting to them for the reason that it is associated with senility, and if they discover a cure they will have gone a long way in finding the secret of prolonging youth. In this connection I may say that at the present time in England, Professor Nesbit has produced a serum which he calls "Serum Alexin", which peps up the thyroid and other glands of internal secretion. He is getting remarkable results not only in rejuvenating old persons but in curing them of such diseases as advanced pulmonary tuberculosis and diabetes.

There remains but the thyroid troubles of adolescence and maturity. These divide themselves into three groups: colloid, nodular and toxic (exophthalmic goitre).

Nodular thyroids should always be removed by operation as soon as discovered. The colloid thyroids of adolescence (14 yrs. to 16 yrs.) should be treated medically for two years (i.e., if no toxic symptoms intervene). If at the end of two years they show no marked decrease in size, they should be operated upon. If they develop toxic symptoms during medical treatment, they should be operated upon. The treatment is iodine, Lugol's solution, minims 1, each

day during the alternate winter months, plus thyroid extract, grs. 1, for two weeks or four weeks.

Colloid thyroids of early middle life may be treated medically along the same lines, except during pregnancy, when a 10th gr. of iodine a week should be given routinely for nine months. Sometimes because of unsightly appearance or pressure symptoms they demand operative interference at once.

Toxic thyroids are always subject for operation no matter the age. There may or may not be a visible tumor of the neck but the symptoms are pronounced and characteristic. You are all familiar with them.

The pre-operative care of the toxic thyroid patient consists of, first, basal metabolism test, then 10-20 minims Lugol's solution, t.i.d., p.c., in milk for eight to ten days. Absolute rest physically and mentally. Fluids, 3,000 c.c., daily by mouth, hypodermoclysis, proctoclysis. High caloric diet but low in proteins. Special care of the kidneys and heart. Rest is secured at night by luminal, grs. $1\frac{1}{2}$ to grs. 3. At the end of eight days, another basal metabolism test.

On the morning of operation, it is our habit to give nembutal 884 in doses of 3 grs. twenty to thirty minutes before moving patient to the operating room. The operation is done under cervical block and skin infiltration along the line of incision. The operation is of no interest to you except that you may wonder how we arrive at the amount of tissue to leave. We excise a portion of a lobe and look for the amount of colloid. If there is little, we leave a very thin wedge of thyroid. Colloid is interpreted as a return to normal; its lack, as an evidence of hyperactivity.

The postoperative care consists in giving morphine sulphate, grs. $\frac{1}{4}$, with atropine, grs. $\frac{1}{150}$, as necessary for restlessness or pain.

Force fluids by any method. Lugol's solution in the proctoclysis until the patient is able to take it by mouth. Continuance of quiet and rest. The patient is put in the upright position with sand bags on either side of the head. If mucus in the throat be troublesome, give atrophine.

Post-operative complications are of two types: *early* hæmorrhage, infection, tetany. Hæmorrhage calls for opening the wound, searching for the bleeding point, ligating it. Transfusion with whole blood is done if the bleeding has been massive. In the less severe bleeding the blood pressure is picked up by intravenous or subcutaneous saline. Infection is rare because of the rigid aseptic technique. When it does occur, the wound is widely opened and packed with gauze and hot compresses applied. Tetany, in my cases at least, is rather frequent. It is due to temporary injury of the parathyroid glands. The treatment is: no meats, force milk, calcium lactate, grs. 20, t.i.d., and parathyroid extract, minims 5, every day until muscles stop twitching (usually two or three days) plus 200 gms. of lactose daily. *Late* myxædema: due to too much thyroid tissue having been removed or to destruction, by infection of the portion left. Treatment is by thyroid extract alone or thyroid extract preceded by thyroxin, grs. $1\frac{1}{2}$.

As the nurse usually loses contact with the thyroid patient at the end of her hospital stay, she may take for granted that that is the end of the case. I assure you that it is not. These patients are kept under observation for at least a year and, occasionally, much longer. They must take special care of themselves and need explicit guidance. I have found the following instructions to post-operative toxic thyroid patients solves most of my difficulties and gives this class of patients a good deal of confidence.

POST-OPERATIVE INSTRUCTIONS TO TOXIC GOITRE PATIENTS

The cause of your sickness was a diseased or badly functioning thyroid gland, commonly called "Goitre".

Operation removes the cause but not the effects.

Improvement from the effects is gradual. You can help yourself get well and stay well by following these instructions.

HABITS

1. Do not get tired; stop and rest.
2. Avoid mental excitement and physical strain.
3. To bed early, get up late, lie down in the afternoon.
4. Lots of fresh air. Sleep with windows open but keep warmly covered.
5. Take regular but moderate exercise.
6. Keep bowels regulated naturally by food, exercise, regular time for going to stool. For laxative use mineral oil.
7. Have heart and blood pressure examined every three to six months.

DIET

Your diet should be generous and wholesome to increase your weight. You should live principally on milk, butter-milk, cream, butter, eggs, bacon, small amounts of white meats, fish, chicken broth, bread, cereals, fresh vegetables, cooked fruits, grape fruit, fruit juices, fruit or vegetable salads with whipped cream, jellies, custards, corn starches, butter sauces, rice, fresh fruits, ice cream, cream cheese. Use only moderate amount of salt.

You should not take red meats or broths made from red meats, meat extracts, etc., nor spices, mustard, ginger, pepper, cloves, meat sauces, catsup, or horse-radish.

You should drink an extra quantity of water daily.

You should not indulge in tea, coffee, alcohol or smoking.

MEDICINES

1. You will probably need Iodine in some form for a year.
2. You may need Thyroid Gland Extract.
3. A hypnotic for wakefulness may be needed. Your family physician will prescribe one for you until you can sleep without it.

GENERAL

You will know you are improving by feeling stronger, being less nervous and gaining in weight, but a check-up by Basal Metabolism Test is most important at the end of three months to determine if any additional medical care is needed to get you as completely well as possible.

When in doubt about anything, consult your family physician or your surgeon.

The success of management of these patients depends much on the nursing care. From her first contact with the patient, the nurse can, by her confident appearance and quiet movements, intelligent direction of the patients' thoughts and above all her sympathetic attitude, do a great deal toward their recovery. Her duty calls for the highest in the art of her profession — instilling confidence, inspiring hope, and calming emotional upsets. Every surgeon places unlimited confidence in his nurses and if, at times, he lets your good work go unpraised, I would ask you to remember that employing you for his thyroid cases is in itself the highest compliment he can pay to your nursing ability.

I cannot conclude without a brief reference to prevention of goitre. Iodine should be given to all children and all adults from the ages of 8 to 20 in goitre belts. The method may vary. During school age, an effective scheme is a 1/10 gr. tablet of iodine a week for 40 weeks of the school term. For those out of school, 1/10 gr. for 20 consecutive days, spring and fall. That it is effective was proven by the statistics of Marine and Kimball. Their report in 1917, from Ohio, dealt with a total of 4,495 patients, none of whom had goitre at the time of instituting preventive iodine treatment. One group of 2,190 were given iodine and of these only five developed goitre. The remainder, numbering 2,305, were not given preventive treatment and in this group there developed 495 goitres. However, I do not wish to leave you under the impression that it is safe to entrust this medication to the patient or their parents. When iodine is given for the prevention of goitre it should always be under the intelligent direction of a competent physician or, better still, under that of a well trained and enthusiastic public health nurse.

POST GRADUATE COURSE IN MENTAL NURSING

AT THE ONTARIO HOSPITAL, WHITBY.

From time to time during recent years, there have been requests for information as to post graduate training in mental nursing and occasionally students have been given special training in certain of the Ontario hospitals. There has been no definite organisation of a course until the present year when arrangements were made to begin a twelve-months course at the Ontario Hospital at Whitby. Fifteen nurses, who are graduates of general hospitals, were admitted to this course beginning January 1st, 1932, and which will continue for twelve months.

To give the nurse a thorough grasp of the entire field of mental hygiene and mental nursing, a series of lecture courses have been arranged as well as actual experience in the wards and other departments of the Hospital. The lecture courses are as follows:

Neurology and Special Anatomy. A review of the anatomy and physiology of the central nervous system and sympathetic nervous system and some of the commoner neurological conditions. The general physiology of the body is given consideration particularly in reference to the endocrine glands.

Psychology. Emphasis in this course is placed on the factors which influence human behaviour such as heredity, environment and the emotional and instinctive life of the individual. Special attention to personality study.

Clinical Psychiatry. This is a systematic study of the psychoses and kindred conditions.

Mental Hygiene. The causes of deviations from mental health will be studied and emphasis will be laid on child guidance, parent training and those general principles which tend to aid in adapting

the person to his environment.

Mental Nursing will be taught by a series of lectures, demonstrations and ward experience. The students will become familiar with the special technique such as occupational therapy, hydrotherapy and psychotherapy during this course.

Public Health Nursing. The inter-relations of public health nursing and mental hygiene will be studied and opportunity afforded the student to observe public health nursing in certain urban centres and in the work of the mental health clinic. Special attention will be given to extramural psychiatry and psychiatric social service.

Ward Clinics will be held twice a week for forty weeks where individual patients and their illness will be thoroughly discussed and demonstrated.

Seminars. These will be held once a week for informal discussion. The students will be encouraged to discuss freely with the director any problems which may arise.

Medical Staff Conferences. These are held every morning at 9 a.m. and students on duty in the Reception Services will be privileged to attend these conferences and listen to the presentation of cases and the discussion which follows.

Reading Course. A textbook on mental nursing is required and reading of special value to nurses will be advised and the medical library will be open to the group. Articles in medical journals and books dealing with psychiatric problems will be reviewed from time to time.

Special Lectures. Lectures will be given throughout the year by specialists in psychiatry and mental hygiene and allied fields to

bring to the students broader knowledge of inter-relations with psychiatry, general medicine and related subjects.

Practical experience will consist of nine months on ward duty, the student rotating through the various services, namely, reception service, infirmary service, acute service, continued treatment service and convalescent service. During one month on ward duty the student will be assigned as a special nurse to one or two patients. The remaining three months of the course will be divided as follows: One month in the Occupational Therapy Department to enable the nurse to become thoroughly fam-

iliar with practical applications of this form of treatment. One month with the Mental Health Clinic which visits the various centres in the district served by the hospital for the study of early and incipient cases and for follow-up work with patients who have been discharged from hospital. One month will be devoted to special work, namely two weeks at the Ontario Hospital, Orillia, for the study of the care and treatment of persons suffering from mental deficiency; one week observing public health nursing in urban communities and one week observing the work done in the courts, schools and special institutions.

M. E. F.

UNDERGRADUATE COURSE IN MENTAL HYGIENE AND PSYCHIATRIC NURSING

AT THE TORONTO PSYCHIATRIC HOSPITAL.

This is a psychiatric clinic with accommodation for 60 in-patients (30 male and 30 female) and an Out-Patient and Social Service Department. It is chiefly for purposes of observation, diagnosis and placement of all types of mental disease except mental defectives, epileptics, seniles, alcoholic and drug habituates; and for the treatment of mild and early cases of mental disease; also for psychiatric examination relative to the legal charge of cases referred from the courts. There is a very active Out-Patient Department for the examination of referred cases, including children. During 1931, there were 800 in-patient admissions and 1,000 out-patient admissions.

The clinic is a medical undergraduate and post-graduate teaching centre in psychiatry, the medical director, Dr. C. B. Farrar, being professor of psychiatry in the University of Toronto.

Referring to the nursing service: since its opening in December, 1925,

until October, 1931, the clinic was staffed by graduate nurses, chiefly from mental hospitals. In October, 1931, an affiliation was arranged with five of the general hospitals of the city, whereby a limited number of student nurses have three months' experience in psychiatric nursing. The staff at present consists of:

Supervising nurses	5
General duty nurses	16
Student nurses	9
Attendants	5

Undergraduate Course

The course is optional with the students who take it. They are in their senior year. The number of class hours is somewhat limited by the fact that the students carry all their regular classwork at their own schools while taking this course. A brief outline of the course is as follows:

Practical Experience

Male service	4 weeks
Female service	5 weeks
Occupational therapy department	1 week
Out-patient department	2 weeks

Including: observation of psychological examination (adults and children); observation of psychiatric examination; visits with social worker to hospital and homes, and to various social agencies — vocational school, court, etc., and attendance at clinics and conferences.

Theoretical Instruction

Mental hygiene and psychiatry	20 hours
Mental nursing	18 hours
Ward clinics	12 hours
Medical conferences	4 hours
Demonstrations of nursing procedures	6 hours
Individual conferences (discussions of case study, etc.) ..	2 hours
	<hr/> 62 hours

One full case study is made during the course. This is led up to by two shorter studies: a "Behavior Study" and a "Mental Status Study," which somewhat familiarize the student with the new type of symptoms and the new nomenclature involved, before the complete study is undertaken.

An examination is held at the end of three months' course.

N. F.

(Read before the Nursing Education Section, Registered Nurses Association of Ontario Annual Meeting, March 31, April 1, 2, 1932.)

A CASE STUDY: HIRSCHSPRUNG'S DISEASE

By JEAN ROBERTSON, Vancouver General Hospital, Class 1934, Vancouver, B.C.

Harry is eight years old and comes fourth of a family of six. His parents are both living and have practically no income but keep a small farm. He has had about one month of schooling. Although his parents seem very devoted to him he seldom speaks of his home life.

Harry is the only member of his family with an enlarged abdomen and has had this complaint since birth but more noticeably after the first year. He has two other congenital abnormalities, a hare lip and a huge pigmented mole on the abdomen. He has gone as long as nine days without a bowel movement. Enemas alone would cause a stool.

Other than this complaint, he has been in fairly good health up until about one year ago when his extremities became very emaciated. He was admitted to the Royal Columbian Hospital where he was treated with enemas. Some improvement was also obtained by the use of Nujol. He was discharged and taken home to regain strength. About four months ago, he was admitted to the Royal Columbian Hospital again for repair of hare lip. Shortly afterwards he was again re-admitted with the in-

tention of performing a bowel resection but it was decided that this measure would only be taken in the case of an emergency.

Under Doctors Henry and McLachlan, Harry was admitted to the Vancouver General Hospital on April 20th. He appeared quite well nourished with a very erect posture and a very distended abdomen.

An opaque enema showed his bowel to be about five inches in diameter in places and scarcely distinguishable one part from another. Magnesium sulphate enemas were administered with rather drastic results. Absorption took place very rapidly and within a short time Harry was a typical picture of toxæmia. He was placed on the seriously ill list on April 24th. A rectal tube was inserted and large quantities of thick dark yellowish fluid were withdrawn. Interstitials were resorted to for nourishment. Daily s.s. enemas were given with a steady improvement in condition. These enemas were siphoned off with varying results. Sometimes less than half was recovered.

A spinal anaesthetic was given with no beneficial results.

(Continued on page 30)

THE STANDING COMMITTEE ON CURRICULUM MEETS

The Standing Committee on Curriculum, which was appointed by the Nursing Education Section, Canadian Nurses Association, following the last general meeting, held its organisation meeting in Montreal on December 6, 1932.

The purpose of this Committee is to undertake the construction of a basic curriculum for schools of nursing in Canada.

The Committee has been granted wide powers in organisation and function, reporting progress periodically to the Executive of the Nursing Education Section, C.N.A., and to *The Canadian Nurse*.

At the first meeting, all members of the Committee were present: Miss Jean Gunn, Superintendent of Nurses, Toronto General Hospital; Miss Constance Brewster, Assistant Superintendent of Nurses, Hamilton General Hospital; Miss Ethel Sharpe, Instructor of Nurses, Royal Victoria Hospital, Montreal; Sister Allard, Directrice of Nurses, Hotel Dieu, Montreal; Sister Augustine, Directrice of Nurses, St. Jean de Dieu, Montreal; Miss Marion Lindeburgh, School for Graduate Nurses, McGill University, Montreal, Convener; Miss E. Frances Upton, Secretary of the Nursing Education Section, C.N.A., acting as Secretary for the Committee.

The agenda prepared for this meeting was definitely planned to consider fundamental factors relating to policy, organisation, and procedure in the whole undertaking, and involved the following considerations:

Defining the specific purpose, and justification, at this particular time, in undertaking the construction of a curriculum for schools of nursing in Canada.

The question of enlarging the Committee.

The plan of organisation—to secure the greatest interest and co-operation of all professional members and groups.

The general method of procedure, and more detailed plans to take care of the work in its beginning stage.

The assignment of responsibility and correlation of work within the Committee.

The method of reporting progress to the Convener, Nursing Education Section, C.N.A., and *The Canadian Nurse*.

The question of expense.

It is the wish of the Committee that the important issues and decisions which evolved from the discussions be stated in *The Canadian Nurse*, in order that all members may be acquainted with the purpose and general scheme of work of this new committee.

The personnel of the Committee was enlarged to include representation from all the graduate fields of nursing service, namely: Public Health, Private Duty, Nursing Education; since it is from these three main sources that data may be secured relating to nursing activities after graduation and for which the undergraduate curriculum should lay a foundation of preparation. Representation from the field of professional education was also considered necessary. The complete personnel of the Committee will appear in a later issue.

In order that every province in Canada and every section of the C.N.A. be afforded opportunity to participate in the building of a curriculum, two plans of organisation were presented for discussion: (1)

The work to be extended through all sections: Public Health, Private Duty, Nursing Education, working separately, or (2) Through a sub-committee in each province, the personnel of which should be carefully selected. The latter plan of organisation was adopted, subject to the following provisions:—

1. The president of each provincial association to be convener of each respective provincial sub-committee.

2. The conveners of the three provincial sections to be appointed to the sub-committee.

3. The convener to have full power to add further to the sub-committee in order to secure a strong provincial group.

The National Committee wishes to have it clearly understood, that at any time that it may see the need to change or modify the pattern of organisation, it will do so, in the effort to secure particular or specific results.

It is the opinion of the Committee that the above plan of organisation could best take care of the situation during the analysis period of the project, when facts and opinions will be asked from the different provincial groups. But, at a later date when necessary data has been secured, then the Committee may see fit to re-organise in terms of "subject" groups dealing with particular teaching units, to be convened by members who are actively engaged in classroom and clinical teaching, in schools of nursing, and who are as far as possible specialists in their particular fields of instruction.

The Report of the Survey of Nursing Education in Canada interprets a great deal of valuable data. It reveals trends, and discovers defects. Its discussion of methods of procedure and its recommendations regarding the building of a curriculum have pointed the way for a more detailed study.

Therefore, the Committee is able to undertake the work on a much more constructive basis, than would otherwise be possible. Findings, stated in the Report will be fully utilised, and the Committee decided that assignments to the different provincial sub-committees will include a critical study of recommendations with regard to their applicability to the local situation. The results of such study will be considered and evaluated in the construction of a curriculum for general use.

This plan of procedure suggests an active and detailed study of specific parts of the Report, and definite suggestions will be made in this connection, in the correspondence to the presidents of provincial associations.

As supplementary to the securing of provincial data from organised groups, it was deemed advisable to secure curricula from recognised schools of nursing throughout Canada in order to determine what better schools are actually doing under existing conditions, and what educational adjustments seem most generally needed to reach the desired objective.

It is of importance to know that at this particular time the Committee of Education, International Council of Nurses, is attempting to extend activities in connection with the completion of a curriculum which will have the approval of the International Council of Nurses. Any responsibility which may be assigned by the Chairman of the Nursing Education Section, C.N.A., in regard to the International Curriculum, which may promote the work of the Committee in Canada, or which may be of assistance to the International Committee, will be given careful consideration.

The question of probable expense was discussed. While it was fully recognised and appreciated by all members that unnecessary expense must be carefully avoided, it was

emphasized that the appropriation from the Nursing Education Section might not be sufficient to carry through constructive work to completion, and that this possibility should be stated now.

Letters relating to provincial organisation are being sent out, and it is earnestly hoped that all provincial groups will co-operate fully.

The need for an optimal basic curriculum challenges all members of the Canadian Nurses Association. Those who attended the spirited sessions of the Saint John meeting have no question in their minds as to the opinion and conviction of the most thoughtful leaders. Certain administration and teaching adjustments can be made now which would greatly improve the quality of education in the hospital nursing school.

It must be accepted that, for some time to come, schools of nursing will continue to be maintained by hospitals, and nursing education will continue to be retarded by the pressure of hospital nursing service. The securing of public recognition and financial independence for nursing education will not be an accomplishment of the immediate future. But, in the meantime,

we cannot sit down and wait for better days. Recognised professional status can only be achieved by continued and increasing effort all along the way, and what is done now and the efforts which are put forth in the next few years will determine in large measure the success in achieving the ultimate objective in nursing education.

It is not only immediate adjustments which the Committee plans to emphasize, but it further hopes to work out a curriculum sufficiently broad to provide for future progress in a changing social order. This undertaking obviously cannot be the responsibility of committee members only. Every member of the C.N.A. should identify herself with this project, and assume a personal and professional responsibility in co-operative endeavour to improve Nursing Education in Canada.

On behalf of the Committee the above report is respectfully submitted.

(Signed)

MARION LINDEBURGH,
Convener, Standing Committee
on Curriculum, Nursing Education Section, Canadian Nurses Association.



S.S. Empress of Britain

A RECENT GIFT FOR A NURSING SCHOOL

A generous gift from the Rockefeller Foundation makes possible the re-organisation of the work now being done in the Department of Public Health Nursing of the University of Toronto and also of the courses for hospital staff nurses which are being offered at present by the Department of Extension in the same University. The work (i.e., courses for nurses) of these two Departments will now be brought together in a School of Nursing in which both undergraduate and graduate courses will be offered.

The new school will be housed in the building at No. 7 Queen's Park which up to last year was used as a women's residence of University College. The Government is having this building renovated so that it will provide accommodation for both teaching and residential purposes.

One special responsibility that has been undertaken is to provide a direct and straight-forward training for public health nursing. Preliminary studies on this matter are leading to the conclusion that it will be possible to arrange one general practitioner's course in nursing that will fit the nurse for general duty (i.e., the junior posts) in both hospital nursing and public health nursing. It is hoped that the content of such a course may be simplified so that it will be reasonably short in length (i.e., three years). The School is not interesting itself

in especially lengthy or expensive forms of training but wishes rather to make a special study of what might be called the primary stage of nursing education.

Plans are being made to continue for a time to offer the present one-year courses for graduate nurses who wish to prepare in this manner for public health nursing or for hospital staff work. Later, as some of the content of these so-called post-graduate courses finds itself in the undergraduate's course, true post-graduate work will be inaugurated.

The new school is arranging for close affiliation with the nursing schools of several of the Toronto hospitals so that its pupils may have the fullest opportunity for training in bedside nursing. Other affiliations with local and provincial public health organizations will give opportunity for training in district work. The difference between this school and other schools for nurses is that this one will be independent financially. Working on this basis, it may be found possible to give more direct consideration to the pupil nurse and the needs of her training. With special resources for its work, the school hopes to be able to help toward the solution of some of the most pressing problems that have accumulated around our nursing schools in their very rapid growth of the last few years.

E. K. R.

Department of Nursing Education

National Convener of Publication Committee, Nursing Education Section,
Miss MILDRED REID, Nurses' Residence, Winnipeg General Hospital, Winnipeg, Man.

THE EDUCATION OF THE STUDENT NURSE

(A summary of the recommendations of the Survey on Nursing Education in Canada.)

By CHRISTINE MURRAY, B.A., Ottawa Civic Hospital, Ottawa, Ont.

Education in its interpretation means "to exercise the mental faculties of the individual by instruction, training and discipline in such a way as to develop and render efficient the natural powers", or, briefly, to modify conduct and prepare for the duties of life. Can we in all sincerity apply this definition to the work being done in our schools of nursing? Are our young women being trained to use their mental faculties to the development of a better quality of womanhood, or are they being turned into machines with doubtful qualities of mind? We consider nursing a science as well as an art, but are our methods of teaching and study those of true scientific investigation? As an art the development of mechanical skill in technique is essential, but in all other arts the special skill is motivated by something more, which is, in part, acquired through education and the exercise of the mental powers of the individual. Are our schools to be factories for the production of skilled attendants, or educational centres for the production of young women of resourcefulness and initiative? It rests with the school of nursing.

The responsibility of the hospital is primarily to the patient but the responsibility of the school of nursing is to the pupil. Too often the needs of the hospital interfere with the education of the student. The patient must be cared for and the pressure of work becomes so great, that it is a serious detriment to any formal type of instruction. Less than a century ago nursing

was lifted out of the slough of despond and imbued with new ideas and ideals by Miss Nightingale. One of her outstanding achievements was the establishment of a School of Nursing at St. Thomas's Hospital. This was a school of nursing in the truest sense. Its primary concern was the preparation of the nurse for service and it was independent of the economic needs of the hospital. The ideals of this school were brought over to this country and were the inspiration of our early training schools, but, during the passage of time the aims of the school of nursing became confused with the needs of the hospital. Hospitals were not judicious in the selection of their student material and the education of the nurse became a by-product of a system where the school existed to supply cheap labour and nursing service. Fortunately in recent years the nursing profession has awakened and is aware that there is need for a change in the order of things. It has been the work of the Survey of Nursing Education to give facts and figures portraying the exact conditions existing in our schools of to-day. The defects seem to be many: in the material accepted into the classes, in the content of the curriculum, in the instructors and the type of instruction given, in the time given the student for study, rest, and recreation, and in the system of examination. In short, it means a complete re-organisation and we must begin to rebuild from the ground up. If we expect the best type of young woman to be interested in nursing we must have

something to offer, for the youth of to-day do not blindly accept what is presented to them.

One of the needs is for an improved curriculum and, although the curriculum is only a means to an end, it should be an effective means. The Survey Report recommends that the required courses or "constants" in a minimum curriculum should be:—

1. *Materia Medica*: 25 hours for "a reference knowledge rather than a memoriter grind" with a more accurate knowledge of the primary drugs.

2. *Anatomy and Physiology*: 20 hours for *Anatomy* and 30 hours for *Physiology* with greater emphasis on physiology and the use of more specimens in the teaching.

3. *Dietetics*: 30 hours of theory and 60 hours of practice with the preparation of diets forming the bulk of the course.

4. *Hospital and Sickroom House-keeping*: 10 hours for the study of "The science as well as the art."

5. *Mental Hygiene*: 10 hours for the introduction of the essentials, and 30 hours in the senior year for "the discussion of cases and problems found in society as well as on the wards."

Psychiatric Nursing: 10-12 hours of the essentials of psychiatry and one month devoted to mental nursing.

6. *Practical Nursing and Demonstration*: 140 hours to cover material in medical, surgical, pædiatric and obstetrical nursing.

7. *Principles of Nursing*: 100-125 hours to present the underlying principles and to form the basis for the study of the practical nursing in the above departments.

8. *Nursing Internship*: Three to six months to be given in the final year for experience in nursing the patient as a whole, and to prepare the nurse to assume her duties outside the hospital.

In addition there are those subjects, now classed as "borderline",

which should eventually be included in the curriculum among the "constants."

1. *Elementary Bacteriology*: 20-30 hours to provide the information necessary for a comprehensive study of disease, especially communicable diseases, their prevention and care. The elementary essentials of this course having been studied in the *Nursing Matriculation*.

2. *Chemistry*: 20 hours for a better understanding of the significance of food values, of urinalysis, blood tests, etc.

Elementary Medical Physics: The application of the principles covered in the *Nursing Matriculation* to the various instruments used in medicine, as X-ray, diathermy, basal metabolic apparatus, etc.

3. *Elementary Rural and Urban Sociology*: 15-20 hours for a "study of sociological problems in relation to the nurse," following on the work covered in the *Nursing Matriculation*.

This, on the surface, appears to be a heavy programme, but if carried over, as the Survey Report suggests, the three years with 32 or 34 teaching weeks in each year, the basis would be one class room period each day. The exception would be in the final year when allowance would have to be made for the period spent in the internship. In the first and second years there would be "approximately 200 class periods with 130 periods for supervised and private study."

This curriculum is by no means revolutionary. The inclusion of more material on mental hygiene, social problems and dietics merely follows the modern trends in medicine. As earlier nursing technique had to be accommodated to the new aseptic methods in surgery, so now it must keep pace and devote more time to consideration of the psychiatric, sociologic, dietetic and preventive aspects of nursing. The

doctors of the present day demand more from the nurse in observation and the interpretation of signs and symptoms, so there is more necessity for an understanding of the basic facts. There may seem to be a preponderance of theory but as the report states "theory properly selected and taught is on the best evidence available quite as important in the training of the nurse as is the practice." This involves a close correlation of the theory with the practical work. It means not lecturing at the student but presenting the subject matter to her in a manner to stimulate thinking. It is not an attempt to exercise the brains with "a memoriter system of mental gymnastics" but an attempt to train her to associate the new knowledge with her growing experiences and demand an active response on her part.

The effectiveness of this curriculum will be partially dependent on the manner of its delivery, that is, on the instructor and the methods of instruction. The criticism of the instructors is that too few of them have any "knowledge of the principles of educational psychology," and "too many lecture rather than teach." The Survey Report advises that more trained instructors in medicine and surgery, as well as in the nursing field, be appointed to our staffs. It is recommended that "there should be at least one qualified full-time instructor for each 75, preferably each 50, student nurses or fraction thereof," also that "the full-time instructors should act as clinicians on the wards," and that "staff or charge nurses should be qualified to assist in the classroom and clinical instruction of student nurses." This would materially affect the correlation of the theory with the practice.

The lecture method used in our schools is more or less condemned because it is too often the retailing of information gathered from text

books accessible to the pupil. The reason given for the extensive use of this method is that "the student nurses are too tired or too unintelligent to think." This is a sad admission on the part of our doctor and nurse instructors, and, if really true, seems a definite waste of the time of student, instructor and hospital. The lecture method of "spoon feeding" will not stimulate the average student nor will it train her to think. The pupil should do more investigating on her own initiative to get the best out of her courses. The case study method is strongly recommended to train in accuracy of observation, to stimulate the student to self-activity and induce her to use her powers of analysis and deduction. The project method is also recommended, but must be used very judiciously in the selection of the material for study, as the ground covered is quite extensive and considerable time must be spent for a successful completion.

Exception is taken to "the cramming of the preliminary student." Our curricula provide for practically twice as many teaching hours during the preliminary term as are given during the subsequent three years. This is a practice contrary to all the principles of the psychology of learning. It is very difficult for the young student, entering a new phase of life with its quantity of new experiences and undiscovered material, to adjust herself. The subject matter in the classroom out-distances the practical experience on the ward, the associations formed are comparatively few, consequently her learning is chiefly a question of memory, not a linking up of ideas with facts.

In order to maintain the standard of a curriculum such as has been outlined the receptive, absorptive, and deductive powers of the student should be of a superior quality. The admission of students unable to cope with the subject

matter has been one factor influencing this standard. Our hospitals give the minimum course of study which will permit of the nurse passing the examinations for Registered Nurse. Examinations, however, should be the last consideration. The recommendation of the Survey Report is that "not later than June 30th, 1935, Junior Matriculation, or its equivalent, should be required as the minimum standard of admission to training schools for nurses."

It is also recommended that a Nursing Matriculation be put into effect including the following subjects: four years of English, four years of Social Studies, including the History of Nursing and the Elements of Sociology, Physiology, Elementary Anatomy, Nutrition; two years of Mathematics, including Arithmetic and Algebra; two years of both Chemistry and Biology; one year of Physics, two years of Home Economics stressing Dietetics, and three years of a foreign language. Such a course, covering the elementary principles, would permit the time, now taken to initiate these subjects, to be spent in the practical application of the principles to the problems which give the student a more comprehensive idea of the treatment and care of the patient. For instance, we are compelled to use too many hours in Drugs and Solutions drilling our classes in factors, decimals, percentages, and ratios before the problems may be attacked and this is true of other subjects.

At the present time the requirement for entrance to our hospitals ranges from Grade VI to four years of high school or its equivalent, and the equivalents accepted are often questionable. They vary from a business course of one year to the secretaryship of a church society for a number of months. These experiences are valuable, but do they give a sound basic training commensurate with that a student

would acquire in an accredited high school for the same length of time? There seems to be a definite relationship between education and intelligence. According to the findings of the Survey 83.9% of our students having at least four years of high school, have Intelligence Quotients of 115-120, while only 7% of those who have had no high school work have an I.Q. of over 100. The average I.Q. for the individual is 100 but of the 2,280 nurses examined the average was 98.3, which is somewhat lower than the average I.Q. of 102.6 of the Grade XI student. To show further that the intelligence of our students is not of the best grade, there are figures which testify that 23% or over one-fifth of our students have I.Q.'s under 90, which classes them as "slow" and places them in the lowest 20% of our population. Of this number two have I.Q.'s below 70, relegating them to the status of the feeble-minded, and 87 I.Q.'s below 80, putting them into the very dull or borderline group. It has been proved that rarely does the pupil of an I.Q. of 75 attain Grade VIII and seldom one with an I.Q. below 90 reach Grade XI or Junior Matriculation. This indicates that most of the material in our schools is "kept not because of, but in spite of its intelligence."

These tests, we are informed, are based on abstract intelligence. The power, not the inclination, to learn, and abstract intelligence seems to be correspondent with "effective work and moral worth." The inclination to learn is quite as often found in the plodder or dullard, as in the intelligent individual. The facts as presented are appalling when we realise that nurses of this grade are graduated, are allowed to pass their R.N. examination, and are being turned into the world to display or not to display their intelligence to an unsuspecting public. It is this factor, in part, which gives the public many of its ideas of the value of the trained nurse.

Is it fair to our better nurses to make them bear the onus of their more inadequately equipped sisters? These figures should definitely place in the background the belief that the nurse may be poor in theory but good in practice. Could an individual of "slow" or "dull" mentality rise to an occasion which demanded quick, intelligent thinking and acting? This type of nurse may be able to perform her routine duties fairly well while under strict supervision and guidance, but with the removal of this help her usefulness is curtailed. She could never develop into a leader in the community, for leadership requires intelligence. The recommendation is that "all candidates with I.Q.'s under 100 should be rejected." "The intelligence tests to be administered by a trained social worker under the supervision of a psychologist or trained educationist." Those who are working with the student nurse have these facts brought home to them every day and in these days when an education is available for everyone let us insist on the best and make education an ally of service.

Further, the effective carrying out of a curriculum as outlined above requires that the student be given more time for study. At the present time, in the majority of our hospitals the working day is, to all intents and purposes, ten hours. The average working day commences at seven o'clock, which necessitates arising at six or shortly after, and breakfasting at half-past six. During the day the pupils are ostensibly presented with two hours off duty, which they may or may not get owing to the pressure of work and class hours, and it is the rare occasion when seven o'clock sees them finished with their own work. The greater number of classes are given in the late afternoon and is it not conceivable that even the brightest may sit in the class-room and allow her mind

to wander from the subject matter after six, seven or even eight hours of strenuous physical exertion? The night nurses are expected to attend lectures at four and five in the afternoon, often earlier, and these young women work twelve unrelieved hours in the average school. On the days that they have class at four o'clock they should get to bed at eight to obtain even the bare requirement in the amount of sleep. How much time does this leave for study, exercise and meals? Yet we do expect them to be mentally alert, to spend a certain amount of time in study, and to procure the required amount of sleep, rest, and fresh air. It means simply that our nurses must be "keyed up" for twelve hours of each day, and is this possible for any individual?

The findings of the Survey report that the questionnaires from student nurses show that the percentage of time the student was too tired to follow the lecture was 13.5 and the inference is, that "the average student would probably derive as much benefit from going to sleep as in trying to keep awake in approximately one lecture out of seven." Also, 8 per cent report never being properly rested. The student is severely criticised because she does not obtain enough rest at night or goes out too much. This may be true in some cases, but with such long hours on duty there really is not enough time left unless sleep and rest are infringed upon. These students are young people naturally desirous of getting some pleasure out of life. The eight-hour day is recommended which would give the student approximately six hours to spend in study, rest, and recreation. Again, we hear the objection raised that this would provide more time for getting into mischief. This problem could be solved by the introduction into our schools of extra-curricular activities as a means to help keep our pupils physically fit.

Practically all public and secondary schools require that a certain percentage of time each week be devoted to a constructive sport or gymnasium work. Universities demand the completion of a definite number of hours of physical education before a degree may be granted. Yet our nursing schools, interested primarily in the health of the community, seem to ignore this factor. One sees tennis courts at many of our hospitals, but how often does one see them in use. Our student nurses are too weary physically to get any pleasure out of a game and to report on duty rested and refreshed in the one or two hours allotted to them. Those who stand the grind and do well are few in number and too many fall by the wayside. This may be due partly to their youth. The average age of the first year pupil is 20 years, and that of the three years is 21.15, which shows that too many under the age of 19 are being accepted. They are irresponsible, unformed in character, immature in judgment, and impulsive in action. Many of them have left their homes for the first time, yet we place them on our wards to care for our patients and expect them to conduct themselves and have the endurance of a wiser and more experienced individual.

The depletion of our numbers the second and third years owing to health reasons is due, in part, to the lack of efficient physical examinations when the student is accepted. According to the findings nearly one out of thirteen pupils is taken into our hospitals without examination. Of the probationers 60 per cent or two-thirds are examined but from then on the number of examinations per student is negligible. This lack in our schools leaves our system open to severe criticism and an effort should be expended without delay to put into effect the recommendation that "a thorough physical examination

should be required before admission and thereafter one at least each year, though preferably each six months."

The primary responsibility of the training school is to the student but how many schools realise their responsibilities? Some are giving their students excellent courses and working in the right direction. The smaller schools, however, offer a debatable ground and many are the arguments for and against them as educational units. The Survey discovered that, in the opinion of the majority of doctors and nurses, 75 beds with a daily average of 50 patients, should be the minimum. As compared with the 300 bed hospital, that is reported to be ideal, this seems small and the recommendation is, that no hospital should attempt to teach nurses, nor should its school be approved, unless it is "adequately staffed and equipped and supplied with sufficient clinical material." The staff should include a superintendent, an assistant superintendent, a night supervisor, at least one full-time instructor, a supervisor for the operating room and one for the maternity department. The school should offer experience in medicine, surgery, obstetrics, pædiatrics, and contagious diseases. The small hospital is not entirely condemned in the Report, because it has turned out some good nurses, but the opinion is that it offers a training "comparatively inefficient." The value to that nurse, and of that nurse, would be greater in relation to the variety of her experiences. In the small hospital the economic needs govern the educational needs of the pupil to a greater extent and on the whole the standards of admission are lower.

It is recommended that the maintenance of the standards of our schools should be upheld by inspection, preferably bi-annual, of a trained inspector for constructive criticism and aid. Schools which fail to offer a good quality of instruc-

tion should be required to improve or should be dropped from the approved list.

Many of these recommendations are not feasible at the present time for economic reasons, but we are advised that the solution should come with financial aid from the state and the inclusion of nursing education in the general scheme. Nurses seem to be a public necessity and nursing service is developing more and more into a public service so why should nursing education not receive help from public funds. The public, then, must be behind any movement to improve nursing education and it must understand the difficulties and the problems. The blame for many of the conditions of today rests with our profession. We have been too prone to let things drift and let circumstances master us. Nursing education will never rise above the apprenticeship stage nor will it cast off its "outworn and antiquated type of teaching" so unsuited to present-day needs, until we, as a profession, act in unison. It is a new world into which our nurses are going, which demands insight, skill, and devotion, and an understanding of the frailties of human nature.

To sum up and quote the Survey Report briefly, the defects in our educational system are due to:—

1. The admission of immature, semi-educated young women, who are unable adequately to profit from the instruction given.

2. The admission of many young women of relatively low-grade intelligence. This statement is made irrespective of whether the student has attended high school one year or four years.

3. The giving of slightly altered medical lectures to student nurses. Here is an instance of the wrong kind of theory rather than of too much appropriate theory for nurses and gives rise to the current criticism of wasting time in attempting to impart a "quasi-scientific training."

4. Long hours on the wards. The eight hour day would be sufficiently long. Fatigued students are difficult to "educate" though they may be given a sort of "quasi-scientific training."

5. The attitude of "keeping up dignity" is largely due to the "quasi-scientific training" frequently imparted under the guise of education. More real education as opposed to lecturing the students in the customary fashion, would probably eliminate this undesirable attitude. Sound education inculcates proper attitudes towards the realities of life and instils a spirit of humility and service rather than the opposite."



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Brussels, Belgium*

Department of Private Duty Nursing

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DISORDERS OF THE SPLEEN

By Dr. R. V. B. SHIER, Toronto, Ontario.

In 1913, Aschoff and Landau described the reticulo-endothelial system which consists primarily of phagocytic cells which are widely distributed throughout the body. The active cells of this system are found in the spleen, bone marrow, lymphoid tissue and the liver. It is probable that the activities of the spleen, aside from its function of being a blood reservoir can be traced to these specialised cells. These activities are concerned with the phagocytosis, red blood destruction, bile pigment formation and lipid metabolism. These functions can be carried on by similar cells in the bone marrow, lymph glands and liver, should the spleen be removed. Therefore, it is evident that the spleen is only part of a system, and while it exercises certain important functions, yet it is not essential to life.

Before considering those diseases in which the spleen may be directly or indirectly involved it should be of value to view our present ideas of its normal function.

1st. Reservoir Functions.—It is known that the spleen undergoes several rhythmic changes in its form. (a) Slow contraction and expansion in some way related to digestion. (b) Rhythmical contraction occurring at intervals of about one minute and probably due to muscular contraction by the muscles of the capsule. (c) Variations in size due to the rhythmical activities of the vaso-constrictor centre. These are known as the Trauble-Hering waves.

In addition to these various types of rhythmical contraction, the

spleen appears to have the function of acting as a reservoir for blood, in communication with, but not actively a part of, the general circulation. This function has been demonstrated by the different workers in the field of experimental medicine.

2nd. Relation to Blood Formation.—In embryonic life the spleen has an active part in blood formation but at the time of birth this function is largely transferred to the bone marrow, although the spleen continues to produce white blood cells. During infancy these white blood cells are largely lymphocytic in type but later the polymorphonuclears predominate. In severe chronic anemias the spleen will respond in a remarkable way and act as a potential source of blood formation.

3rd. Relation to Blood Destruction.—Under normal conditions a very even balance is maintained between blood formation and blood destruction. Rous has admirably summed up the evidence for blood destruction as follows: "The continuous activity of a broadly distributed haematopoietic tissue; the daily excretion through the bile of a pigment, nearly if not precisely, identical with one of the pigmented derivation of the haemoglobin; the appearance of this derivative in old haematomata and in the plasma after haemaglobin injection and liver exclusion; the apparently significant association of haemoglobin throughout the animal kingdom; the existence here and there in the healthy organism of cells containing erythrocytes in various

stages of disintegration; and, not least, the delicate structure of the red cell itself in its lack of nucleus, the excessive squeezing and buffeting to which it is subjected, these and other facts clearly prove that blood destruction must be one of the routine tasks of the body."

4th. Relation of Spleen to Platelets. — Blood platelets were discovered by Hayem who believed they developed into red blood cells, but Wright in 1906 gave very convincing evidence that they were detached bits of the giant cells of the bone marrow. Blood platelets are very fragile and disappear rapidly under ordinary methods of examination. There is no satisfactory explanation of the relationship of the spleen to the life of these blood platelets or thrombocytes, but it is known that in the disease purpura haemorrhagica there is marked diminution in the blood platelets and it is known that splenectomy effects remarkable results in the treatment of haemorrhagica purpura.

5th. Relation of the Spleen to Immunity. — There is a general belief that following splenectomy the individual has a lowered capacity for developing leucocytosis in the presence of infection but all experimental work done on this point is somewhat contradictory.

In addition to these various functions it has been suggested that the spleen has something to do with nitrogen and carbohydrate metabolism and also a definite connection with fat metabolism, especially that of cholestrol.

Apart from trauma all diseases of the spleen cause enlargement and this enlargement is known clinically as splenomegaly. Enlargement of the spleen may be due to, first, general infection, *e.g.*, the septicemias. The outstanding examples of such septicemias are typhoid fever, malaria, tuberculosis and syphilis. Second, blood dys-

crasias, *e.g.*, leukemias, pernicious anemia and purpura haemorrhagica or thrombo cytopoenia. Third, familial jaundice, a disease which occurs in one or more members of a family, marked by extreme chronicity. Fourth, a group of diseases where the spleen appears to be the only organ involved in disease, as in Banti's disease.

While diagnosis of splenic enlargement is arrived at largely by blood examination, yet there are certain signs and symptoms which call for examination especially along this line. These symptoms are as follows:

First, Jaundice. This symptom is due to an excess of bilirubin in the blood stream. Bilirubin is formed by the action of the reticulo-endothelial system, of which the spleen is a major part, in breaking up worn out blood cells. Bilirubin is excreted by the liver in the bile and from there enters the gastrointestinal tract. It is easy then to understand that jaundice may be the result of one of two conditions. First, increased production of bilirubin as in familial jaundice. Second, defective disposal of bilirubin as in common duct obstruction. We have one test in the case of painless jaundice which enables us to tell which process is responsible. This is the Van den Berg test, and readings taken are direct and indirect. These are made possible by the fact that bile which has been acted on by the liver cells differs in chemical reaction to bile which has not passed through the liver. Therefore, this test helps us to assess to the spleen its proper share of responsibility for chronic jaundice.

Second, Anemia. Routine examination of a patient should include blood smear examination and haemoglobin estimation. If these are abnormal then follows blood count of red and white cells, when if pernicious anemia or leukemia are present, they are readily diagnosed.

Third, Purpura. Purpura is a symptom marked by subcutaneous staining due to ruptured capillaries, allowing the blood to extravasate and form the so called petechia. Purpura, therefore, is not a disease but a symptom. It may be purely sympathetic and result from infection but the one type in which the spleen is at fault is purpura haemorrhagica, or thrombo-cytopenia, a disease in which there is a deficiency of blood platelets due to increased destruction on the part of the spleen.

Before determining whether or not the patient would be benefited by splenectomy for an enlarged spleen it is essential that a careful clinical study should be made. The diseases in which splenectomy has been so valuable, aside from traumatic rupture of the spleen, are: Banti's disease, familial jaundice and purpura haemorrhagica.

For a number of years splenectomy was performed for pernicious anemia and occasionally for leukemia but as the results were far from satisfactory it has been practically abandoned.

The results of splenectomy in Banti's disease, familial jaundice and purpura haemorrhagica have been highly satisfactory, not only from the standpoint of immediate recovery but also from the standpoint of permanent cure. However, in the case of Banti's disease, in spite of the most gratifying benefit derived from the operation, as seen in the improvement in the general health and the prolongation of life, there are a certain number of cases which still persist with gastrointestinal haemorrhage and these present a discouraging problem.

Haemorrhagic or familial jaundice is a disease characterized by anemia, jaundice with unaltered stools or urine, enlargement of the spleen, microcytosis and increased fragility of the red blood cells. Evidence of the benefit of splenec-

tomy in this disease becomes apparent in a few days following the operation, the jaundice fading and the patient may be free from jaundice for the first time in his life and there is rapid improvement in the anemia, but certain characteristic changes in the blood such as mycrocytosis and increased fragility of the red blood cells usually do not disappear. The late results in the disease are gratifying. Pemberton of the Mayo Clinic states that 86 per cent of the patients who recovered from the operation are living and 83 per cent are in good health.

Haemorrhagic purpura is a disease which is characterized by groups of petechia and haemorrhage from the mucous membrane into the subcutaneous tissues. There is very marked reduction of the blood platelets, prolonged bleeding time, marked secondary anemia with changes in the retraction of the blood clot. It is important to have a very accurate diagnosis to distinguish this disease from others which have haemorrhagic jaundice, such as haemophilia, acute leukemias and aplastic anemias. Results of splenectomy in this disease are dramatic. The patient may be bleeding at the time of operation and cases have been noted where haemorrhage stopped before the patient returned to his room. There is immediately an appreciable rise in the number of blood platelets and this has been noted within 24 hours after removal of the spleen and within three days blood platelets count is within normal limits.

As patients suffering from Banti's disease, familial jaundice and purpura haemorrhagica are generally very poor risks due to the chronicity of the disease, associated with a tendency to bleeding and general blood derivation, it is necessary, in order to obtain satisfactory results, to have a careful

pre-operative as well as operative and post-operative management. Measures directed towards increasing the coagulability of the blood form a major part of this pre-operative treatment and these measures are repeated blood transfusions and the intravenous administration of calcium chloride. The important thing at the time of operation for

splenectomy is to be prepared to transfuse the patient at the moment when the splenic pedicle is ligated. The reason for this is that when the spleen is removed a large reservoir of blood is also removed. This procedure at operation and proper operating room care have gone far to revolutionize surgery of the spleen.

(Concluded from page 15)

On May 15th, Harry was taken to the operating room for a left lumbar sympathectomy, wherein the left ganglion of the 2nd, 3rd, 4th lumbar sympathetic nerves were severed through an incision such as is made for a nephrectomy. There was no particular reason for choosing the left side as the first of the two stages of this operation other than it is the easiest for operation.

On examination after operation, it was found that his left leg was from two to three degrees warmer than the right and the surface tissues very much more dehydrated.

Each leg was measured for scientific purposes as it would be interesting to know if such an operation would cause a cessation of growth in the limbs. The left side of his abdomen became less distended and after palpation peristalsis was stimulated and the bowel had an upward movement on the right side of the abdomen, resulting in a spasm of the bowel which was plainly visible. Enemas were also given daily after the operation as before with an improvement in results insofar as he was able to expel small amounts himself. Also he received a nightly laxative. He was allowed up and about the ward but found walking difficult.

He was taken again to the x-ray for a barium enema which caused a stagnation of the bowel and his condition became weaker and he was unable to get up. He was taken to the bathroom several times a day after an enema and was able to expel considerable of it and was able to expel a soft stool without an enema a few days ago.

Harry is an extremely affectionate child and is always willing to co-operate if he agrees with ones plans. He is very decided in his likes and dislikes. He has a remarkable reasoning ability and is very bright and intelligent in spite of his lack of education.

He has not a very good appetite and has apparently been accustomed to a very limited variety of food, having the same nourishment over and over again.

He sleeps quite well normally and does not complain. He is very fond of doing things for himself and does not like a great deal of nursing care.

Harry has responded very well to treatment and it is expected that his condition will be improved greatly. If it is necessary, the second stage of the operation will be performed within a few months. At the present time the size of his colon has greatly decreased.

Department of Public Health Nursing

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HOW THE PRIVATE PHYSICIAN LOOKS AT PUBLIC HEALTH NURSING

By Dr. A. M. JEFFREY, Toronto, Ontario.

If any one is asked to express an opinion on a subject he is inclined to think of it first in an impersonal and broad way and secondarily about his own attitude towards it. For example, ask any man about the alcohol problem. He will tell you that it is a great and far reaching evil but then, of course, a little now and then is all right for a man like him. And so it is, then, when I ask a doctor what he thinks about Public Health Nursing, I am greeted first by a stare which asks, "Now, what are you trying to start?" And then he replies that he knows very little about it. As an after thought he may remember the personal experience when the public health nurse was believed to have said such and such or done so and so.

Perhaps at the outset it would be wise to be explicit. In Toronto, when a doctor thinks or speaks of a public health nurse he refers to the group who spend their time in teaching rather than in nursing. He does not ordinarily think of the members of the Victorian Order and the Saint Elizabeth Order as being public health nurses.

The private physician knows very little about the teaching public health nurse. He does not know how she spends her day and anything he may hear from her tends to come second hand. He is an individual on his own. She is a member of a group. The doctor fears

the activities of the nurse, first, because he does not know her and, second, because to him she seems less of the individual than merely the member of the group. It is hard to trust the stranger. It is also natural for the individual to distrust the crowd. But if the doctor could only know the nurse as an individual anxious to co-operate he would be less liable to be wondering about her activities in an apprehensive way.

What better contact can the nurse make than to be present at the confinement in the home? And yet this contact is wasted as far as the doctor is concerned for the nurse who does the actual obstetrical nursing may have little to do with the pre-natal supervision and very little to do with the welfare of the infant and its feeding control. In other words, the continuity of favourable relations between doctor, nurse and patient and the hope of working together is broken off by the introduction of a stranger to take over these latter duties. Is this wise if the doctor is really of such importance? Is it a question of realising our problems and modelling our organisation to meet them or is it rather a question of distorting the problem in an attempt to squeeze it into shape so that it may fit into existing organisation? For while it may be a departmental convenience to divide up responsibilities in the field work yet this hopelessly breaks the contact with the doctor and the patient.

It is an unfortunate fact that many of us have our off days when our usual tact and discretion seems to have taken a holiday. It is astonishing how long a doctor remembers an indiscretion. He feels once bitten twice shy. Every doctor should be asked to report such indiscretions. This procedure would clear away much smoke to see if there be really any fire and would act as a real deterrent. Most of us are human and it is on the eve of discovery that our sense of guilt develops. It is human that in the inter-relationship of three people that the talk and discussion of two of these may be less guarded in the absence of the third.

It would be good if the doctor could know of the nurse's constant endeavour to refer his patients to him at the same time keeping herself in the background. Also it would help if the doctor could know what this nurse could do for him. The doctor already uses the excellent service offered by the Public Health Laboratory which does so much for him and for his patient. It would be excellent work if the nurse's services could be made as useable. She can teach the mother the preparation of his formula for the baby. She can oversee, if desired, the precautions needed in the home in which infectious disease exists. She can take swabs for release of diphtheria and obtain sputum specimens from the tuberculous patient. She will gladly try to get the family to follow out any instructions he may give. At all times she will remember that he is the person who is assuming the responsibility and will never give any advice without his expressed desire. All this is very fine. How can he be assured that this particular nurse in question will confine her efforts to this sort of tactful service? There is only one way of gaining his confidence and that is when he knows her well enough to trust her.

Even any one actually engaged

in public health nursing finds her viewpoint changing with the length of her service. She has an early critical attitude towards her work that later changes to one of appreciation. Does this change depend on seeing good results from the work or is it a question of losing her individual perspective in fusing with the crowd? It is probably a lot of the former mixed with a little of the latter. How then can the doctor who looks upon public health nursing from a great distance and only now and then escape from the early attitude of criticism felt for the nurse herself? He gets an occasional glimpse of a crowd of people busying themselves with seeming trivialities. For much of this work he fails to see the need of a nurse's training.

Perhaps the attitude of some public health nurses is not without its influence on his viewpoint. In the doctor's life there are many worrying responsibilities. Comparatively the nurse's life is free from this type of anxiety. With the absence of actual responsibilities for decisions that may mean life or death her confidence and assurance may grow considerably in the absence of any such retarding influences. And, by the way, it is this sense of importance as a member of the public health that does so much to antagonise both the public and the doctor. It would be better to let a few problems go unsolved than to push them to the bitter end and eventually lose out by stirring up ill feeling. How can a graduate from a course in nursing and public health and without further contact with the public in actual nursing, ever in the remotest degree realise the difficulties of a doctor's life and especially the ordeal of his earlier years of practice? On the other hand the type of public health nurse who, after graduating years ago, has had many years of work with the doctor in the hospital wards or private

duty nursing, she has a wealth of sympathy for him. She knows his problems and remains more individualistic in her sympathies. She does not readily surrender this attitude for the, perhaps, less thoughtful feeling of the group. She is, therefore, the important factor attempting to maintain good relations between the public health nursing services and the practising physician.

It is true, too, that a doctor's view point changes with the number of years he has been in practice. Early in his career he must of necessity be more sensitive to adverse currents than later, when well settled on his course, he can be indifferent to any wind that blows. We must remember that the doctor's survival depends on whether or not his advice is accepted. The nurse's advice is just so much more flour to be ground out from the mill and her bread and butter does not depend on its acceptance. She in her zeal and anxiety to help the family in matters of health may forget that in the final analysis the private physician must assume the responsibility. He may feel like the musician who is trying to make sweet music in the room in which some one else persists in talking, or, again, like the man who in paddling the tippy canoe watches with apprehension as the stranger steps into the craft. And so the nurse becomes enthused with the aims and objects of her group. Is it any wonder that at times she may forget the individual concerns of the doctor? In the busy routine of the organisation his very existence can be kept in mind only by artificial effort. And yet, potentially, he is the most important cog in the working out of preventive medicine.

Until the present state of affairs is altered is it wise for any public health nurse to utter or even feel criticism towards the doctor about his work? The reason I say this is that there are so many well trained

and thoroughly fair minded individual doctors who do not wish the public health nurse to visit their patients. They are more content and easy in their minds when she is elsewhere. With these conditions as they are would it not be well for the nurse to remain sufficiently an individual to take stock of herself and her organisation rather than attempt to assess the merits of others? She would be entirely cured of any feeling of criticism could she assume his responsibilities for even a short time. Is it not like the spectator at the game who feels free to criticize the performance of players without ever being in danger of having to show his own prowess. I must confess that my sympathies are rather with the doctor as the underdog for he must stand alone and shoulder his responsibilities without any huge organisation at his back.

It may be that the doctor, as well as the public, has not clearly placed the blame for the unfortunate quarantine law for infectious disease. This law has been altered for the better but is still far from perfect. In attempting to co-operate with the provisions of this legislation, many of which have been manifestly absurd to the doctor and in a degree also to the public, the public health nurse has been too often considered the responsible party and has been made the scapegoat. This law has done much harm to the public health nurse in her contact with others. She has been the unwelcome guest in the home with minor infectious disease and this especially in the poorer districts. It makes one stop to consider the great responsibility of the passing of such legislation. Think of the time wasted and worse than wasted by so many people. Think of the undesirable apprehension engendered in the mind of the public.

Those interested in furthering the welfare of preventive medicine could not do better than interest

the private physician in this work. It is infinitely more important to make sure of his co-operation than to attempt the training of the whole public. By the very nature of his education and work he will be the most easily interested. When the time has come that his importance is realised and full use is being made of him and when his confidence is sought and won, then will he seek out the public health nurse to help him in his work. Then and only then will he think of public health nursing.

In writing this paper, I have tried to tell what I believe to be the truth as it is. I had the opportunity of spending two and a half years in public health work and was happy and enjoyed my associations. It was a valuable experience. I had the opportunity of making friends with many public health nurses and was impressed by their high ideals. They would, however, I think, be happier if they had some actual nursing to do. Remember what they are asked to do, namely to spend about two-thirds of their day visiting and teaching and in spite of this are expected to keep out of

trouble. It would be hardly the truth to say that all is well between the public health nursing service and the practising physician. There is an underlying resentment on the part of the doctor for what he believes to be an unwise encroachment on his individual relations with the family. He feels that having spent much money and time on the preparation for his work, to say nothing of the expenditure of funds by the state on his education, that the whole thing is a poor investment on all sides if his influence tends to be undermined by public health organisations. For he feels that in so much teaching the nurse is invading his domain and that, comparatively, she is less well equipped for this work than he.

In closing, I must confess a feeling of uneasy apprehension. Have I not been guilty as an onlooker of what I have so decidedly decried in others? In other words, I have offered criticism towards things for which I have never had to assume the least responsibility. Perhaps if I had had a share in this I should not have consented to writing or reading this paper.

HEALTH TALKS BY RADIO

The third series of radio talks by the Department of Health and Public Welfare, Province of Manitoba, commenced on November 1, 1932. This year the topics are based upon the suggestions received from community organisations. The talks are being given every Tuesday and Friday from 12.50 to 1 p.m., the last three minutes being devoted

to a question and answer period.

It is hoped that these talks have been noted by nurses in Manitoba, as there are several of special interest to them. When the series is completed, copies of the radio talks may be obtained on request to the Director, Health Education Service, 57 Legislative Buildings, Winnipeg, Man.



Tourist Lounge.



All photos in this issue by courtesy of Canadian Pacific Steamships Ltd.



Arc de Triomphe, Paris, France.

THE CANADIAN NURSES ASSOCIATION CONGRESS TOUR

Members of the Canadian Nurses Associations, who have been awaiting information in detail relative to transportation arrangements, as well as tours following the Congress, International Council of Nurses, may find satisfactory information in the following announcement, under four headings, namely:

Outline of Events.

Convenient Sailings from Canada.

Digest of the Official Tours.

Institutions in European Cities of especial interest to Canadian Nurses.

The Congress is to be held from July 10th to 12th in Paris and from July 13th to 15th in Brussels. To be admitted to the Congress, Canadian nurses must be approved by the Canadian Nurses Association; that is, they must be members in good standing in a provincial association of registered nurses.

Convenient sailings that will allow for arrival shortly before the opening of the Congress are announced. As some may wish to learn the cost of round trip transatlantic fares for various classes

from Montreal and Quebec to a French port the information has been obtained:

First	\$296.00 and \$400.00
Cabin	211.50 to 248.00
Tourist	159.00 to 182.50
Third	116.00 to 130.75

plus French port taxes.

It should be noted that these are the fares in force prior to the general rate increase of December 5th, 1932, by all steamship companies. The above fares are available to the members of the Canadian Nurses Association who were in good standing on December 1st, 1932.

In addition to the tabulated Digest of Official Tours, the following is announced by Thos. Cook & Son Ltd. Travel Agency:

"The official escorted tours afford the most convenient and economical way to attend the Congress in Paris and Brussels and also to see something of the rest of Europe. Every effort has been made to include travel arrangements to meet the wishes of every one.

"For those with limited time, there are tours of 26 to 32 days' duration at very moderate inclusive fares, based on Tourist Class

accommodation on the transatlantic steamers. Even these short tours provide a wide choice of routes. For those who can extend their travels further afield, there are longer tours of 39 to 60 days' duration, with exceptionally interesting and comprehensive itineraries. Fares will be advised shortly.

"All of the inclusive fares are extremely low, especially considering the standard of comfort provided and their all-inclusive nature. An experienced tour manager from the staff of Thos. Cook & Son, Ltd., will accompany each group to look after all travel details, thus enabling individual members to make the most of their time abroad and thoroughly enjoy every moment."

Brief note relative to institutions

in European cities of special interest to Canadian nurses is submitted with this announcement.

Since October 1st, the secretaries of Provincial Associations have had for distribution copies of the Preliminary Announcement of the Canadian Nurses Association Tour in co-operation with Thos. Cook & Son, Ltd., Travel Agency. It is expected that the final programme for this Tour will be released within a week or two. Request for this programme should be made to the Executive Secretary, Canadian Nurses Association, 1411 Crescent Street, Montreal, P.Q., or to Thos. Cook & Son, Ltd., Travel Agency, 65 Yonge Street, Toronto, and Morgan Trust Bldg., 1455 Union Ave., Montreal.

OUTLINE OF EVENTS

PARIS

TUES. JULY 4 TO THURS. JULY 6.

Meetings of the Board of Directors of the I.C.N.

FRI. JULY 7 AND SAT. JULY 8.

Meetings of the Grand Council of the I.C.N.

SUN. JULY 9.

Evening: Reception.

MON. JULY 10.

9:30 - 10:30 A.M.: Opening Session.

10:45 - 12:30 P.M.: General Business Session.

3:00 P.M.: Section Meetings.

Evening: Reception.

TUES. JULY 11.

9:30 A.M.: Section Meetings.

Afternoon: Excursion or Reception.

Evening: Reception.

WED. JULY 12.

10:00 A.M.: Section Meetings.

Afternoon: Visit to Versailles.

BRUSSELS

THUR. JULY 13.

Travel to Brussels in two groups; via Chantilly and Amiens, or Chantilly and Senlis.

Evening: Public Meeting.

FRI. JULY 14.

10:00 A.M.: Section Meetings.

Afternoon: Visits and Excursions.

Evening: General Session.

SAT. JULY 15.

9:30 A.M.: Section Meetings.

2:00 - 4:00 P.M.: Closing Business Session.

5:00 - 6:00 P.M.: Formal Closing Session.

Evening: Final Reception.

CONVENIENT SAILINGS FROM CANADA TO THE CONGRESS.

(Subject to Change)

Information about earlier sailings will be furnished on request.

SAILING DATE	STEAMER	TO FRENCH PORT	DATE DUE	FIRST CLASS	CABIN	MINIMUM FARES TO FRENCH PORTS		TONNAGE
						TOURIST	THIRD	
June 21	MONTROSE	Havre	June 29		\$117.00	\$ 97.00	\$ 69.50	16,400
June 28	EMP. AUSTRALIA	Cherbourg	July 4	\$148.00	108.00	80.50	61.50	
July 1	EMP. BRITAIN	Cherbourg	July 6	200.00		101.00	69.50	21,850
						83.50	61.50	
						111.00	79.00	42,500
						92.00	67.00	

Information about return sailings after the Congress, furnished on request.

Wherever more than one fare is shown for any class, the upper figure is the one-way fare and the lower figure is one-half the round trip fare.

—All fares shown here were those in effect prior to December 5th, 1932 on which date they were increased. Members of the C.N.A., who joined the organisation before December 1, 1932, are entitled to the old, lower rates, (as shown) but nurses who joined after that date must pay the new and higher rates. This arrangement for the benefit of the C.N.A. was made by the Official Travel Agents and **bookings must be effected by them.**

DIGEST OF THE OFFICIAL ESCORTED TOURS

TOUR No.	DAYS DURATION	INCL. FARE	EASTBOUND STEAMER	SAILS FROM QUEBEC	WESTBOUND STEAMER	DUE AT MONTREAL	OUTLINE ITINERARY (all tours include the Congress at Paris and Brussels, July 10-15)
Main Tour 1.	28 35	267.00 341.00	Emp. Britain	July 1	Duch. York	July 28	Paris, Brussels, London.
1-A.	35	368.00	Emp. Britain	July 1	D. Richmond	Aug. 4	Paris, Brussels, Cologne, the Rhine, Wiesbaden, Lucerne, Geneva.
4.	34	371.00	Emp. Britain	July 1	D. Richmond	Aug. 4	Tour No. 1, plus London, York, Edinburgh, the Trossachs.
4-A.	47	437.00	Emp. Britain	July 1	Emp. Britain	Aug. 3	Paris, Brussels, Cologne, the Rhine, Wiesbaden, Heidelberg, Lucerne, Grand Alpine Tour, Interlaken, Montreux, Geneva, London.
4-B.	49	497.00	Emp. Britain	July 1	Montclare	Aug. 16	Tour No. 4 to Interlaken plus Italian Lakes, Milan, Genoa, Riviera, Nice, Monte Carlo, Route des Alpes, Chamonix, Geneva, Lyons.
4-C.	56	564.00	Emp. Britain	July 1	Emp. Britain	Aug. 18	Tour No. 4-A to Milan plus Venice, Florence, Rome, Genoa, Riviera, Nice, Monte Carlo, Route des Alpes, Chamonix, Geneva, Lyons.
5.	47	506.00	Emp. Britain	July 1	Duch. York	Aug. 26	Tour No. 4-B plus London, York, Edinburgh, the Trossachs.
5-A.	48	512.00	Emp. Britain	July 1	Montclare	Aug. 16	Paris, Brussels, Cologne, the Rhine, Berlin, Dresden, Prague, Vienna, Munich, Lucerne, Grand Alpine Tour, Interlaken, Montreux, Geneva.
5-B.	57	578.00	Emp. Britain	July 1	Emp. Britain	Aug. 18	Tour No. 5 to Geneva plus Chamonix, Route des Alpes, Nice, Monte Carlo, Lyons.
7.	38	318.00	Montrose (from Montreal).	June 21	Duch. York	Aug. 26	Tour No. 5 plus London, York, Edinburgh, the Trossachs.
						July 28	Bordeaux, Chateau Country, Paris, Brussels, London.

INSTITUTIONS IN EUROPEAN CITIES OF SPECIAL INTEREST TO CANADIAN NURSES

All of the cities listed are included in the official tours. Visits to any of the institutions named can be arranged for individuals and small groups if notice is given in advance. Such visits are not included in the tour fares as not every one will want them. Any extra expenses incurred must be borne by the individual.

BERLIN (Germany)

German Nurses Association.
Charity Hospital.
Rudolph Virchow.

BORDEAUX (France)

Nightingale School.

BRUSSELS (Belgium)

Edith Cavell—Marie de Page School.
Visiting Nurses Association.

COLOGNE (Germany)

Kaiserswerth.

DRESDEN (Germany)

Dr. Aberdott's School.
Museum of Hygiene.

DUBLIN (Ireland)

The Rotunda.

EDINBURGH (Scotland)

Royal Infirmary.
Lister Wards.

GENEVA (Switzerland)

International Council of Nurses.
International Red Cross.
League of Nations.

LYONS (France)

Charite Hospital and School of Nursing.

LONDON (England)

St. Thomas's Hospital.
International Course.
St. Bartholomew's Hospital.
Council of British Nurses.
College of Nursing.
Cowdray Club.
British Nurses Association.
British College of Nurses.
Midwives Institution.

PARIS (France)

The American Hospital.
La Maison Ecole d'Infirmiers Privées.
Rue Amyot School.
Central School, Assistance Publique.
School of Puericulture, University of Paris.
Hospital Social Service.
Tomb of Pasteur.

VIENNA (Austria)

Kinder Klinik
Rudolph Wiener Haus.
Wilhelminen Spital.

BOOK REVIEWS

CLINICAL EDUCATION IN NURSING: by Blanche Pfefferkorn, R.N., M.A., and Marion Rottman, R.N., B.S. Published by Macmillan Company, Toronto. Price \$2.40.

This book is the report of a functional analysis, undertaken in Bellevue Hospital Nursing School, New York City, in 1930. It represents a difficult undertaking in the field of nursing research relating specifically to the two major concerns of the hospital nursing school namely, the efficient nursing care of patients and adequate clinical education of the student nurse.

It is a valuable contribution to nursing education, and hospital nursing service, and is deserving of much commendation. It represents an attempt to measure, through scientific methods, the necessary quantity and quality of nursing care, and further determines the clinical content available for the education of the students.

The scientific method of approach, in determining educational content, and psychological order, or sequence of experiences in nursing education, in hospital schools of nursing,—as in other professional fields—is the only reliable method whereby activities, their evaluation and selection, may be determined, and incorporated into a professional curriculum. This book lays a scientific basis for determining necessary nursing service, and selection of experiences which are at all times educational to the student and upon such a basis student nurses are assigned to, and routed through particular services. It determines also the number of graduate nurses necessary for general duty, and the personnel of the teaching and supervisory staffs to meet nursing needs of patients, and educational needs of student.

This book should serve as a valuable guide, firstly, in building up the administrative, teaching and supervision aspects of clinical education in nursing school curricula, and secondly, in approaching and dealing with the whole problem of nursing service. It should therefore be studied and utilized by heads of nursing schools, who carry the dual responsibility of nursing education and nursing service, and it should be a purposeful guide to supervisors and head nurses, in developing a constructive educational programme for student nurses.

The report is unique in its clearness, and findings are well tabulated and classified, in the form of comprehensive tables and graphs. The logical order, in the arrangement of content is as follows: (i) Technique for measuring nursing quantitatively and qualitatively, (ii) Analyses of clinical teaching field of hospital and organisation of nursing service, (iii) Assignments and rotation on services and correlated instruction, (iv) Methods of determining the amount of supervision provided, (v) Job analysis as an administrative and educational tool.

MARION LINDEBURGH

Assistant Director School for
Graduate Nurses, McGill University.

HEALTH AND HOME NURSING: by George Margaretta Douglas, R.N. Published by G. P. Putnam's Sons, New York. London, 1932. Price \$2.50.

The author as a former Instructor in Teaching of Home Nursing and Child Care, Teachers College, Columbia University, must have appreciated the lack of a text book such as she has given us in Health and Home Nursing.

The content of the book is set forth in a clear and practical manner while the illustrations and charts are interesting and instructive. Each chapter ends with a list of questions and reading references, which should prove very helpful to any teacher of Home Nursing and the lists of essential classroom equipment for teaching found in the appendix should prove of the greatest assistance.

In the first four chapters Mrs. Douglas has given a brief resume of the early history of the health movement which will refresh one's memory in preparing introductory talks to groups. These chapters describe the gradual development of our modern ideas of sanitation and hygiene.

Next follows a chapter on "Health and Nursing in the World Today", touching upon the international, national and community aspect of nursing as we know it.

The remaining fourteen chapters beginning with "The Baby and Pre-School Child" and ending with "Occupations for the Sick" are devoted to the prevention of disease and the effect of such knowledge upon the health in the home; the growth and development of the normal child; the symptoms of illness; the care of the patient and various forms of nursing procedures. The important question of nutrition and the part correct feeding plays in the general health programme is duly stressed. Sufficient information about communicable diseases is given to enable the home nurse to look after the patient and to protect herself and others. The treatment of emergencies and first aid is outlined at considerable length and many practical suggestions given. The final chapter on "Occupations for the Sick" discloses many opportunities for the convalescent. This complete and authoritative presentation of thoughtfully prepared scientific information could well be included in the library of every public health nurse since the author never loses an opportunity to present the public health point of view. To teachers of Home Nursing in technical schools and in the Red Cross, it should be of extreme value while the students of home nursing as well as the public generally cannot but recognise in it a text book that will do much to improve the hygiene of the home and better the health of the family.

RUBY E. HAMILTON

Nursing Supervisor,
Ontario Red Cross.

FUNDAMENTALS OF PERSONAL HYGIENE by Walter W. Kreuger, Ph.B. Published by McAlinsh & Co. Limited, Toronto, Price \$2.00.

In a field not already supplied with suitable text books, *Fundamentals of Personal Hygiene* by Walter W. Kreuger, Ph.B., would be a most welcome discovery.

The topics discussed are inclusive and of practical interest in the everyday problems of healthful living. The positive aspects of health are emphasized and mental hygiene, or "the health of the mind" receives due place. The whole discussion is interesting and free from technicalities. The attractiveness of the book is enhanced by its pleasing format. The print is clearly legible and the illustrations appropriate. The topic outline at each chapter head, in addition to the detailed table of contents and an index, make the book convenient for reference.

In the last few years much has been written on the subject of personal hygiene. Books by recognized authorities in the field of medicine and public health deal most adequately with the present day concepts of health and the scientific basis of health practice. Any new production in this field must be evaluated in the light of this excellent material already available for use. It is from this point of view that one is compelled to question the value of this book. A survey of its contents indicates that there is no original contribution over and above that already present in books now widely known and used.

ISABEL MANSON PRINCE,

Assistant Director School for
Graduate Nurses, McGill University,

News Notes

Contributors to this Section are reminded that the address of the Journal is now 401 Crescent Building, Montreal, Que. Copy for this Section should reach the Editor not later than the twelfth of each month for ensuing issue.

ALBERTA

CALGARY: The regular monthly meeting of the Calgary Nurses Association was held in the Y.W.C.A. on November 15, the president, Miss P. Gilbert, presiding. Dr. E. G. Mason gave a most interesting and instructive lecture on "Mental Diseases." He explained some of the new methods of treatment in contrast to the old inhuman and superstitious ideas, and spoke of the success of these methods at Ponoka. Restraint and drugs are practically unused, and the desired results obtained by the use of continuous bath and hot and cold pack. Later, occupational therapy, beginning with the simplest forms of activity and proceeding to more involved work as the patient improves, gives to the mentally sick a chance to recover to some degree their normal mental processes. Dr. Mason also gave a few of the qualifications necessary in a nurse who undertakes the care of mental disease. A high grade of intelligence, with sympathetic firmness, quickness of observation, absolute lack of dictatorial manner, ability to listen well, knowledge of when to talk and reason, a cheerful disposition and good health are a few of the desirable qualities. At the end of the lecture Dr. Mason kindly answered many questions and spoke of his interest in the Association from its beginning. A hearty vote of thanks was given and the desire expressed that at some future time Dr. Mason might spare time to again lecture to the Association.

Under the auspices of the C.A.G.N. a tea was held, recently, at the home of Mrs. Roy Buckley. A large number of nurses and their friends called during the afternoon.

EDMONTON: A meeting to organise the Alumnae Association of the School for Nurses, University Hospital, Edmonton, was held on October 21, 1932. The Committee previously appointed to draw up Constitution and By-laws reported, and after discussion and some minor changes the report was adopted. The following officers were elected to hold office until December, 1933:—Hon. Pres., Miss E. Fenwick; Pres., Miss K. Bowman; Recording Sec., Miss Q. Esdale; Corres. Sec., Miss M. Lundy; Treas., Miss J. Lees; Executive Committee, Misses C. White, M. Gordon and M. Melnyk. Meetings will be held monthly and it is hoped that a large number of the graduates will participate.

MANITOBA

MISERICORDIA GENERAL HOSPITAL, WINNIPEG: At the December meeting, members of the Alumnae Association enjoyed an interesting lecture with slides on Pneumothorax treatment given by Dr. Dougal McIntyre. Miss Sophie Smith (1930) will leave shortly for Brandon, where she will take up post graduate work at the Brandon Mental Hospital. The Alumnae are busy preparing for a dance to be held towards the end of January, 1933.

WINNIPEG GENERAL HOSPITAL, WINNIPEG: Miss Marjorie Gardner, 1927, is taking a post graduate course at the Royal Victoria Hospital, Montreal, P.Q. Miss Jessie Kerr, 1920, left on November 15 to spend the winter in Honolulu.

ONTARIO

DISTRICT 1

PUBLIC GENERAL HOSPITAL, CHATHAM: The London members of District No. 1, R.N.A.O., had a theatre night at the Grand Theatre, London, and raised over \$400.00 for the Permanent Education Fund. Also, the registered nurses of St. Joseph's and Public General Hospitals, at Chatham, held a joint bridge party at the Public General Hospital Nurses Residence and raised over \$40.00. The proceeds being for the Permanent Education Fund.

Misses Jean MacKenzie, B. McFarlane, A. Silverthorn of the staff of the Sarnia General Hospital, attended the Staff Nurses' Refresher Course at University of Toronto, the week of November 7. Misses Edna Orr, E. Mummery and Gertrude I. Myers of the staff of the Public General Hospital, Chatham, attended the Hospital Instructors and Administrators Refresher Course at University of Toronto, the week of November 7.

Miss M. Jacobs, Miss Mildred Walker and Mrs. Hedley Smith, London, were recent week-end guests of Miss Priscilla Campbell at the Chatham General Hospital.

DISTRICT 2

OWEN SOUND: Deep regret was expressed in nursing circles of Owen Sound, in the tragic death of Miss Eva Tanner in a motor accident, on November 26, while taking a patient to a doctor for treatment. Miss Tanner was a graduate of the Owen Sound

General and Marine Hospital and at the time of her death was assistant superintendent in a hospital at East Aurora, New York. Much sympathy is extended to Miss Cora Stewart in the loss of her father, recently.

BRANTFORD: On November 12, a most successful tea was held by the Alumnae Association of the Brantford General Hospital, in the Nurses Residence, in aid of the Community League Fund. The large number of guests were received by Miss E. M. McKee, Superintendent of the Brantford General Hospital, and Miss K. Charnley, President of the Alumnae Association. Mrs. D. A. Morrison was the capable convener of the tea. The affair was very successful and the sum of \$70.00 was given to the Community League Fund after all expenses were paid.

DISTRICT 4

GENERAL HOSPITAL, HAMILTON: The annual bazaar of the Alumnae Association, in aid of the Sick Nurses Benefit Fund, was held in the Senior Residence, on November 19. The very gratifying sum of \$225.00 was realised.

Miss Martha Watt has been appointed head nurse on Ward VII.

DISTRICT 5

Members of District 5 met at the Royal York Hotel on November 29. One hundred and eighteen sat down to supper in the Tudor Room, and many others came in later to hear the speakers, bringing the attendance up to about 150. With Miss Rhano Beamish, chairman of the district, presiding, minutes were read and reports presented, after which Miss Florence Emory, President of the C.N.A., and Miss Mary Millman, President of the R.N.A.O., addressed the meeting.

Miss Emory spoke of transportation plans for members planning to attend the I.C.N. and also mentioned the responsibility to be shared by the R.N.A.O. and District 5 when, in 1934, it's Toronto group will be the favoured hostess of the C.N.A. She announced the removal of the National Office from Winnipeg to Montreal, paying tribute to Miss Wilson, the Executive Secretary, who has also carried the responsibility of editorship for so long, while speaking with satisfaction of Miss Johns, who takes over full time editorship of *The Canadian Nurse* on January 1.

Miss Mary Millman drew the attention of the group to the necessity for increased membership and appealed for the interest and support for the work of the Joint Study Committee.

Miss Marjorie Bell told, in her interesting and humorous way, of the development of nutrition from the time of Nebuchadnezzar until the present day, of the valuable work which has been done along experimental lines and which must be interpreted to the public by the nursing profession.

Dr. Angus MacKay, who is attached to the staffs of Grace and Western Hospitals, Toronto, spoke on the Treatment and Diet for Diabetes, and showed some interesting slides at the close of his address.

A vote of thanks to the speakers was moved by Miss Edna Moore, seconded by Miss Ethel Greenwood.

TORONTO: The Alumnae of Hospital Instructors and Administrators of University of Toronto, entertained the present class at a children's party, held at Grace Hospital, November 1. The guests of honour were Misses Russell, Hiscock and Nagle. On November 11, the Alumnae held a re-union dinner at The Diet Kitchen. A number of out of town members who were in Toronto for the Refresher Course, held under the Department of Extension, University of Toronto, were present. Owing to the unavoidable absence of Miss Russell, Miss Nagle spoke about the New School of Nursing now being organised under the University of Toronto.

ST. JOHN'S HOSPITAL, TORONTO: The annual meeting of the Alumnae Association was held on November 7. Officers elected were: Hon. Pres., Sister Beatrice; Pres., Miss Susan Morgan; First Vice-Pres., Miss Nan Hetherington; Second Vice-Pres., Miss Kathleen Burchall; Rec. Sec., Miss Helen Frost; Corres. Sec., Miss Margaret Creighton; Treas., Miss Winnifred Webb; Conveners of Committees: Entertainment, Miss Nettie Davis; Sick Visiting, Miss Gladys Patten; Press Representative, Miss Grace Doherty.

TORONTO WESTERN HOSPITAL: On December 2, 1932, the Alumnae Association held a bridge in the Edith Cavell Residence. Forty-three tables played. Lucky prizes were presented and refreshments served. Miss Olive McMurchy (1930) acted as Convener of arrangements.

TORONTO GENERAL HOSPITAL, TORONTO: Miss Nettie Fidler (1919) has been appointed Superintendent of Nurses at the Ontario Hospital, Whitby, Ont. Miss Mae Cardwell (1927) has returned to the staff of the Toronto General Hospital as a Teaching Supervisor on the surgical wards. Miss Viola Cardwell (1921) is at present taking post graduate work in the Cook County Hospital, Chicago, before undertaking her new work as Supervisor of the Department of Paediatrics in the Syracuse Memorial Hospital, Syracuse, N.Y.

Miss Jean Gunn entertained at a very delightful birthday tea for Miss Snively the day before her 85th birthday. Throughout the day, November 12, Miss Snively received visitors, congratulations and gifts. The gift of the Alumnae, a negligee, gave much pleasure as did also the footstool, presented by the graduate nurse staff of the Hospital. On the occasion of the tea, Miss Snively, in her gracious and queenly way, received the homage and best wishes of all who were privileged to attend.

Miss Cora Kilborn (1923) who has been in China for the past five years, is home on furlough and is enrolled in the Public Health Nursing Course at Toronto University.

The "Current Events" groups have been arranged for the graduate nurse staff through the courtesy of Miss Gunn and the trustees of the Hospital. Mrs. Ann Anderson Perry is the speaker and the Monday evening meetings are a source of particular pleasure as well as information.

Staff meetings of a professional nature have been arranged by Miss Gunn for one evening a month throughout the winter months. The speakers include Dr. Gardiner, on Physiotherapy; Professor W. E. Gallie, on Recent Advances in Surgery; Dr. E. P. Lewis, on Mental Hygiene; Dr. K. G. McKenzie, on Brain Surgery; Dr. G. H. Stevenson, on The Nursing Care of the Mentally Sick Patient; Dr. Shenstone, on Chest Surgery; Dr. Richards, on Cancer, and the final meetings will be devoted to a discussion of Recent Developments in the Hospital.

WOMEN'S COLLEGE HOSPITAL, TORONTO: The annual meeting of the Alumnae Association took place on the second Monday of November. The President owing to business pressure, announced she was unable to accept nomination for the ensuing year, to which very sincere regret was expressed. Mrs. Scullion very graciously accepted the chair for 1933—1935 an amendment being passed to allow members to hold office for three years instead of two as constitution required. The following officers were elected:—Hon. Pres.: Mrs. H. M. Bowman; Hon. Vice-Pres.: Miss Harriet Meiklejohn; Pres.: Mrs. Scullion; Past Pres.: Miss E. J. Henry; Vice-Pres.: Miss Flett; 2nd Vice-Pres.: Miss E. Clarke; Rec. Sec.: Miss J. Wagner; Cor. Sec.: Miss Grace Clarke; Treas.: Miss B. Fraser; Rep. to Central Registry: Miss W. Shaw, Miss Staiton; Rep. to National Council of Women: Miss Flett, Miss Worth; Rep. to District No. 5: Miss E. J. Henry, Miss T. Hawkes; Councillors: M. Chalk, W. Worth, V. Allen; Sick Visitor: Miss M. E. Roberts; Conveners of Committees, Social: Miss Mildred Shaw; Nomination: Miss V. Allen; Rep. to Canadian Nurse: Miss E. E. K. Collier. The members were pleased to have the Superintendent, Miss Meiklejohn present and who spoke on present day nursing problems. The Alumnae members are looking forward to a talk from Mrs. Heustis, a prominent member of the Hospital Board, who is to explain the importance of municipal voting or nursing sisters citizenship.

DISTRICT 6

District No. 6, R.N.A.O., held a most successful general meeting at the Nurses Residence, Nicholls Hospital, Peterboro, on October 25. The meeting was called to order by Miss R. Bell, Chariman. The roll call showed about forty-five present, representatives from Belleville, Port Hope, Cobourg, Bowmanville, Lindsay and Peterboro. Miss Bell extended

greeting and a hearty welcome to all members. Reports presented were: A, Miss Fitzgerald; B, Miss Rundle; C, Miss Price; Organisation and Membership, Miss Anderson; Nursing Education, Mrs. Leeson; Private Duty, Miss Watson; Public Health, Miss MacKenzie; Publication, Miss Walsh; Nominations, Miss Rundle. The reports were encouraging and showed progress in every division of the district. In an excellent and instructive paper, Mrs. Leeson reported on the meeting of the Canadian Nurses Association in 1932. Two new members were accepted through transfer: Miss Young, Nicholls Hospital, from District 8, and Mrs. Mary Margaret Legg from District 9. A letter from the Secretary, R.N.A.O., suggesting that the annual meeting, R.N.A.O., in 1934, be postponed from Easter week until June 25, when a business meeting only will be held for one day preceding the Canadian Nurses Association General Meeting, scheduled for June 26-30, in Toronto. District No. 6 approved this plan. Each section is to be made responsible for contributions to the Nurse Education Fund, R.N.A.O. Paid-up membership is 86; funds in Bank, \$33.33. The Executive for 1933 is: Chairman, Miss R. Bell, Port Hope; Vice-Chairman, Miss H. Anderson, Peterboro; Sec.-Treas., Miss L. Simmons, Peterboro; Sections: Private Duty, Miss M. Watson, Peterboro; Public Health, Miss M. MacKenzie, Lindsay; Nursing Education, Mrs. E. M. Leeson, Peterboro; Committees: Membership, Miss F. Fitzgerald, Belleville; Publications, Miss E. Walsh, Peterboro; Nominations, Miss Collier, Belleville; Mrs. LaPlante, Peterboro; Miss Black, Port Hope; Councillors: Miss Elliot, Port Hope; Mrs. Smyther, Bowmanville; Miss Gaden, Picton; Miss McIndoo, Belleville; Miss Morrison, Lindsay; Miss Price, Peterboro.

DISTRICT 10

The November meeting of District No. 10, R.N.A.O., was held in St. Joseph's Hospital, Port Arthur, with 27 members present. The members are always made welcome by the Sisters of the Hospital and a delightful social hour was enjoyed.

The annual meeting of District No. 10, R.N.A.O., was held on December 1st at the General Hospital, Port Arthur, with 30 members present. Prior to the general meeting the private duty nurses met with their Chairman, Miss S. MacDougall. Officers elected for 1933 were: Chairman, Miss Marion Edwards; Vice-Chairman, Miss Lovelace; Sec.-Treas., Miss Stewardson; Councillors: Misses Wilson, Hamilton, Elliott, Bell, Robinson and Flannagan. An interesting and witty paper, on "Hiccoughs," was read by Miss Hamilton. A social hour followed.

QUEBEC

JEFFERY HALE'S HOSPITAL, QUEBEC: The annual meeting of the Alumnae Association

was held in the Nurses Residence on November 7, at which the following officers were elected for the ensuing year: Hon. Pres., Mrs. S. Barrow; Pres., Miss G. F. Martin; First Vice-Pres., Miss E. Douglas; Second Vice-Pres., Miss E. Fitzpatrick; Recording Sec., Miss V. Hardy; Corres. Sec., Miss M. Fischer; Treas., Miss C. McHarg; Priv. Duty Section, Miss C. Walsh; Representative to The Canadian Nurse, Miss Nora C. Martin; Committees: Sick Visiting, Mrs. S. Barrow, Mrs. H. Buttmore; Refreshment, Misses M. Lunam and E. Douglas; Councilors, Mrs. M. Craig, Mrs. C. Young, Mrs. D. Jackson and Misses F. Imrie, H. MacKay and E. Fitzpatrick.

Miss Stella Longmore (1919) recently underwent an operation for appendicitis in Montreal, P.Q. Miss Sara Jamieson (1917), former superintendent of Galt Hospital, Galt, Ont., is now in charge of the Brampton Hospital, Brampton, Ont. A bridge in aid of the Sick Nurses Benefit Fund was held in the Nurses Residence on November 21, under the auspices of the Alumnae Association. It was well attended and proved a great success.

The formal opening of the new Nurses Residence of the Hospital, together with the graduation exercises of class 1932, took place in the Residence on October 6. Nine graduates received diplomas and pins. On the following night a dance and reception was tendered to the graduating class by the Lady Superintendent and students of the Hospital.

SASKATCHEWAN

Examinations for registration of nurses in Saskatchewan are held in the second week of January and June each year in Saskatoon, Regina and Moose Jaw, and are under supervision of the University of Saskatchewan.

THE OVERSEAS NURSING SISTERS' ASSOCIATION

CALGARY, ALTA.—The members of the Overseas Club attended the Memorial Services held at the Armouries and placed a wreath at the Cenotaph. In the afternoon, Miss Marion Tavell entertained the club at tea which was a farewell to Mrs. McGill, who, with Dr. McGill, is leaving for Ottawa where the latter has been appointed to the Department of Indian Affairs. Members of the unit are sorry to have Mrs. McGill leave Calgary but trust she will enjoy Ottawa. Two new members were welcomed: Mrs. Stanway (Nan MacLeod, No. IX, France) and Mrs. Harding Priest (Stella Bowlby, No. VII, Etaples, France). It is with sincere regret we announce the death of Mrs. Farr (Miss Clements) of Ottawa, which occurred in November at the General Hospital following an illness of about one month. Sympathy of Club members is extended to Mr. Farr and his family in Ottawa.

KINGSTON, ONT.—On Sunday, November 13, in observance of Armistice Day, a number of nursing sisters resident in Kingston, attended, in uniform, the annual garrison parade, held in St. George's Cathedral at 9.45 a.m. At 11 o'clock they also attended a special service, held at the R.C.H.A. Memorial at the south entrance to the City Park, during which Miss Wylie placed a wreath on the monument, on behalf of the Kingston Unit Overseas Nursing Sisters Association.

TORONTO UNIT Overseas Nurses' Association of Canada held its annual banquet at the Royal York Hotel, Toronto, on November 18, 1932. Major Gen. E. C. Ashton, C.M.G., V.D., and Mrs. Ashton, with Captain Sidney Lambart and Mrs. Lambart, were guests of honour of 108 members of the Unit. Through the kindness of Lt.-Col. Black and officers of the C.A.S.C., an orchestra and buglers added greatly to the enjoyment of the evening. After "Come to the Cook House Door" conversation became general at the various tables and memories of the long ago renewed. In addition to the guests of honour at the head table, there was Mrs. Jack Bell, President of the Unit, Matron Edith Rayside, who, with the president and twenty members of that Unit, had motored from Hamilton, Matron Hartley and Matron Edith Campbell. During the dinner the orchestra played many of the familiar and well loved songs of the war, and as the words came back to memory all joined lustily in song. After the toast to the King, the toast to Sisters who had lost their lives in service, was proposed; The Last Post was sounded and with lights dimmed all stood in silence until the notes of Reveille stole through the room. Miss Rayside, President of the Association for Canada, brought greetings and stressed the necessity of this large group realising its duty as advocates of world peace. Captain Lambart spoke most feelingly of the perpetuation of Remembrance Day throughout the Dominion in a spirit rather more serious than that of a mere holiday. Major General Ashton, Officer Commanding Military District No. 2, traced the history of the Canadian Army Medical Service from the North-West Rebellion of 1885 in an able and interesting address which he was kind enough to hand over to the Unit for publication in The Canadian Nurse for the benefit of other units. An informal reception followed the dinner, which was voted a great success.

VANCOUVER, B.C.: A large number of the members of the Vancouver Unit, Overseas Nursing Sisters Association of Canada, gathered in the York room of Hotel Georgia for their ninth annual reunion dinner on the evening of Armistice Day. All decoration was carried out in keeping with the memories of the occasion. Pipe Major Ross piped the guests in to dinner and also played The Lament in memory of the sisters who died overseas. During dinner, Miss Phebe Senkler and Mrs. Warren played several selections including some of the old war songs. Follow-

ing the toasts, a short programme was given by Mr. Colin Lawrence, who gave several short sketches reminiscent of overseas days and by vocal selections by Miss Isabel Gartshore.

Mrs. Ronald Haig (N.S. Vivien Petrie) has returned from Toronto and has again taken up her residence in Vancouver. Mrs. Gilson (N.S. G. Squire) of Regina, spent some time at the coast this summer, including a two weeks' holiday with Mrs. F. W. Clayton (N.S. Younghusband) at Gibson's Landing. Miss Marie Thompson of New York, who is staying with her mother in Los Angeles, motored to Vancouver this summer. Miss K. Conway Jones and Mrs. Shepherd have returned from their motor trip to Ontario.

VICTORIA, B.C. The Victoria Unit, Overseas Nursing Sisters Association of Canada, held its annual meeting at the Empress Hotel on Armistice Day, 1932. Sixteen members were present: Misses Louise McDonald, Jean Kay, Alice Williams, Ethel Morrison, Agnes Forbes, Ada Benvie, Mrs. Mary Hall Cavanagh, Mrs. Myrtle Sterret O'Leary, Mina Graighead, Beatrice Bradshaw, Edith Franks, Rose Lazenby, Mrs. Gwen Hutchinson Dewar, Mrs. Hannay, Mrs. Dixon and Mrs. Sutton. Election of officers for the year resulted as follows: Pres., Miss Louise McDonald; Vice-Pres., Miss Alice Williams; Sec.-Treas., Jean Kay. Discussion took place regarding the taking out of a Charter with the Canadian Legion but was left for decision at a later date owing to lack of information. A social hour followed, as members gathered around the tea table which was decorated with pop-

pies for the occasion. Reminiscences were in order and many happy events of service days recalled.

NEWS FROM THE INTERNATIONAL ASSOCIATION OF HOSPITAL SPECIALISTS: The International Hospital Association whose developments are followed with increasing interest in every country, has organized from the end of September to the beginning of October of this year a first series of International Post Graduate Courses on Hospital Technique at the Frankfurt Municipal Hospital, attracting a large attendance of superintendents, physicians, matrons, architects and engineers, coming from 17 different countries. More than 30 internationally known specialists delivered lectures on important problems. Lively discussions followed their statements.

The lectures on kitchen management, hospital linen and laundry have been published—after being completed by interesting articles of other authors—in the October issue of "NOSOKOMEION", the official organ of the International Hospital Association. (Publisher W. Kohlhammer, Stuttgart.)

From June 28th to July 3rd, 1933, the Third International Hospital Congress will meet at Knocke s/Mer, on the Belgian coast. The Study Committees of the International Hospital Association will submit their reports to the Congress. The discussions will enable the Congress to draw the outlines of practical conclusions having an international value. A five-day study trip to the Netherlands will follow the Congress.

BIRTHS, MARRIAGES AND DEATHS

BIRTHS

CATHERWOOD—On November 19, 1932, at Hamilton, Ont., to Mr. and Mrs. Leslie Catherwood (Laura Moore, Hamilton General Hospital, 1930), a son.

CHRISTIE—On October 14, 1932, at Winnipeg, Man., to Mr. and Mrs. D. Christie (Marjorie Simpson, Winnipeg General Hospital, 1927), a daughter.

DOUPE—On October 9, 1932, at Winnipeg, Man., to Mr. and Mrs. C. S. Doupe (Frances Chaffey, Winnipeg General Hospital, 1926), a son.

JENSON—Recently at Agujin, Northern Nigeria, West Africa, to Mr. and Mrs. C. P. Jenson (Ina Mather, Hamilton General Hospital, 1928), a daughter.

KENDALL—On October 20, 1932, at Toronto, Ont., to Mr. and Mrs. Kendall (Mary Carson, Toronto General Hospital, 1921), a daughter.

MACCLELLAND—On October 10, 1932, at Toronto, Ont., to Dr. and Mrs. J. C. MacClelland (Alva Lewis, Toronto General Hospital, 1919), a daughter.

MELKONIAN—On October 19, 1932, at Gilroy, California, to Dr. and Mrs. Leon Melkonian (Beatrice Smithson, Lamont Public Hospital, Lamont, Alta., 1924), a son (Bruce Leon).

PARKINSON—On November 23, 1932, at Toronto, Ont., to Mr. and Mrs. Joseph E. Parkinson (Jean Hunter, Toronto Western Hospital, 1927), a daughter.

SELDON—Recently, at Oshawa, Ont., to Mr. and Mrs. Harold Seldon, of Toronto (Gladys Eaton, Oshawa General Hospital, 1929), a daughter.

SHAW—On October 20, 1932, at Midland, Ont., to Mr. and Mrs. Leonard Shaw, Hamilton (Autumn Durnford, St. Andrews Hospital, Midland, 1930), a daughter.

THOMPSON—In October, 1932, at Toronto, Ont., to Mr. and Mrs. Thompson (Esther Farragher, Toronto General Hospital, 1925), a daughter.

WOOD—On December 3, 1932, at Toronto, Ont., to Dr. and Mrs. Jas. H. Wood (Elizabeth Shortreed, Toronto Western Hospital, 1917), a son.

WEST—On October 17, 1932, at Toronto, Ont., to Mr. and Mrs. T. MacDonald West (Kathleen Stewart, Toronto General Hospital, 1924), a daughter.

WILSON—On October 12, 1932, at Toronto, Ont., to Mr. and Mrs. Wilson (Barbara Kennedy, Toronto General Hospital), a son.

WRAY—On November 11, 1932, at Sarnia, Ont., to Mr. and Mrs. Harvey Wray (Ethel Conkey, Sarnia General Hospital), a daughter.

MARRIAGES

ALLAN—SAUNDERS—On October 1, 1932, at Toronto, Ont., Minnie Saunders (Wellesley Hospital, Toronto, 1931), to Douglas Allen.

ANDERSON—HASSELL—On November 15, 1932, Ena Hassel (Vancouver General Hospital, 1926), to H. Anderson, Bamber-ton B.C.

APPLEBY—MACGREGOR—On October 20, 1932, at Toronto, Ont., Agnes Robertson MacGregor (Women's College Hospital, Toronto, 1930) to Bernard S. Appleby, of El Centra Darranca, Columba, South America.

BERG—COLQUHOLN—On October 22, 1932, at Deloraine, Man., Isabel Colquhohn (Winnipeg General Hospital, 1929), to Alvin Berg, of Cold Lake, Alta.

BLEEK—BYERS—In October, 1932, at Hamilton, Ont., Elizabeth Byers (Winnipeg General Hospital, 1929), to Dr. Cherry Knox Bleeks, of Winnipeg, Man.

CALVERLY—NORRIE—On October 12, 1932, Anne Norrie (Winnipeg General Hospital, 1928), to O. E. Calverly.

DUNDAS—HARTLEIB—In September, 1932, Elizabeth Hartleib (Kitchener and Waterloo Hospital, 1930) to Edward Dundas, London, Ont.

GUSSIN—BROWN—On October 26, 1932, at Nelson, B.C., Dorothy Brown (Royal Jubilee Hospital, Victoria, 1929), to Dr. J. R. Gussin, of Nelson.

HALL—GRAEF—In September, 1932, at Clifford, Ont., Gertrude Graef (Toronto General Hospital) to William Hall, of Hamilton, Ont.

HOLT—EDSTROM—Recently at Edmonton, Alta., Edith Edstrom (Lamont Public Hospital, Lamont, Alta., 1930), to Harvey Holt, of Beaver Crossing, Alta.

HUTCHINGS—LENNARD—On October 15, 1932, at Dundas, Ont., Constance Lennard (Toronto General Hospital, 1925), to George Hutchings, of Paget, Bermuda.

IRWIN—LINDSAY—In June, 1932, at Collingwood, Ont., Isobel Lindsay (Hospital for Sick Children, Toronto, 1929), to Dr. Dudley Irwin. Residing in Toronto, Ont.

JOYCE—MCINTYRE—In August, 1932, Vera McIntyre (Kitchener and Waterloo Hospital, 1931), to Edward Joyce, of Waterloo.

KLINKMAN—SIPPEL—On September 7, 1932, Laura M. Sippel (Stratford General Hospital, 1930), to Wilfred Klinkman, of Elmira, Ont.

KURTZ—WEINS—On October 20, 1932, at Los Angeles, California, Mrs. Susie Weins (Winnipeg General Hospital, 1926), to W. C. Kurtz.

LaFLAIR—CLARK—In October, 1932, at Toronto, Ont., Edna Clark (Toronto General Hospital, 1930), to Arthur LaFlair.

LAVERY—FIRTH—In July, 1932, Marjorie Firth (Owen Sound General and Marine Hospital, 1928) to Roland Lavery, of Owen Sound, Ont.

LEYSTON—BLADES—In September, 1932, Jeanette Blades (Kitchener and Waterloo Hospital, 1931), to Ralph Leyston.

LIMBERT—MERRIAM—On November 11, 1932, at Chatworth, Lenore Merriam (Owen Sound General and Marine Hospital, 1932), to Horace Limbert.

LITTLE—KEZAR—On October 25, 1932, Ellen Kezar (Jeffrey Hale's Hospital, Quebec, 1928), to Robert Little, of North Hatley, P.Q.

LITTLE—MONTAGUE—On November 2, 1932, Bertha L. Montague (Royal Jubilee Hospital, Victoria, B.C., 1928), to Thos. Little.

LONDEN—BARTLE—In October, 1932, at Brantford, Ont., Frances Bartle (Toronto General Hospital), to Arthur Londen, of Toronto, Ont.

MICHELMORE—McCLINCHY—On November 5, 1932, at Toronto, Ont., Kathleen McClinchy (St. Andrew's Hospital, Midland, 1929), to Reginald Michelmores, of Toronto.

MORDEN—PEARSON—On September 20, 1932, at Waterdown, Ont., Mary Pearson (Toronto General Hospital, 1927), to Albert Morden, of Oakville, Ont.

MORGAN—HICKS—Recently, at Orillia, Ont., Ivy A. Hicks (Homœopathic Hospital of Montreal, 1929), to Dr. G. S. Morgan. Residing in Westmount, Que.

NEWELL—MACFARLANE—On April 23, 1932, at Victoria, B.C., Evelyn MacFarlane (Royal Jubilee Hospital, Victoria, 1928), to Ronald G. Newell, of Montreal.

PAGE—HESK—On September 11, 1932, Audrey Hesk (Wellesley Hospital, Toronto, 1931), to Jack Page, Iroquois Falls, Ont.

PATTERSON—CASS—Recently, at Quebec, P.Q., Elizabeth Cass (Jeffrey Hale's Hospital, Quebec, 1932), to Harry Patterson.

POLLARD—PAYNE—In June, 1932, at Victoria, B.C., Audrey Payne (Royal Jubilee Hospital, Victoria, 1928), to Fred C. Pollard, of Shanghai.

PORTER—McEACHERN—Recently, in Toronto, Ont., Marybelle McEachern (Oshawa General Hospital, 1926), of Mount Forest, to Sydney B. Porter. Residing in Toronto.

ROLPH—McKINNON—On November 29, 1932, Kathleen McKinnon (Wellesley Hospital, Toronto, 1929), to Harry Rolph, of Claremont, Ont.

SEXSMITH—FIFE—On November 25, 1932, at Toronto, Ont., Audrey Fife (Wellesley Hospital, Toronto, 1931), to Ronald Sexsmith.

SHOLDICE—McDOWELL—On October 7, 1932, E. Gwendolyn McDowell (Stratford General Hospital, 1929), to Wallace M. Sholdice, of St. Catharines, Ont.

SMITH—CLEE—In September, 1932, at Detroit, Michigan, Muriel Clee (Winnipeg General Hospital, 1928) to George F. Smith.

SMITH—JOHNSTON—On April 20, 1932, at Victoria, B.C., Lillian Johnston (Royal Jubilee Hospital, Victoria), to Charleton Smith, of Victoria.

SMITH—WAINWRIGHT—On September 6, 1932, at Toronto, Ont., Dorothy Wainwright (Hospital for Sick Children, Toronto, 1927), to John Smith, of Toronto.

SNOWDEN—COOK—On November 11, 1932, at Cannington, Ont., Inez Cook (Oshawa General Hospital, 1927), to Ronald Redvers Snowden. Residing in Oshawa.

SWEAT—BAILLIE—On August 28, 1932, at Victoria, B.C., Bertha Baillie (Royal Jubilee Hospital, Victoria, 1923), to A. W. Sweat, of Victoria.

TAYLOR—McDONAGH—In September, 1932, at Toronto, Ont., Anna McDonagh (Nicholls Hospital, Peterborough, 1932), to Roy D. Taylor, of Peterborough, Ont.

TAYLOR—WINSDALE—Recently, Helen Winsdale (Stratford General Hospital, 1931), to Edward Taylor, of Stratford, Ont.

UNGER—CAMPION—On October 29, 1932, at Brantford, Ont., Maud Campion (Hamilton General Hospital), to Fred Unger, Sr., of Brantford, Ont.

WIGGINTON—AIKMAN—On October 8, 1932, at Winnipeg, Man., Maud Aikman (Winnipeg General Hospital, 1929), to Lawrence Wigginton.

WILSON—McREYNOLDS—In October, 1932, at Calgary, Alta., Georgina (Jay) McReynolds (Owen Sound General and Marine Hospital, 1918), to Alexander Wilson.

DEATHS

FIRBY—Recently at Oklahoma City, Oklahoma, U.S., Eileen Trew, (Montreal General Hospital 1907), wife of J. G. Firby of Oklahoma City. Mrs. Firby was born in New Westminster, B.C. and the daughter of the late Dr. Charles Trew. She was a most successful nurse and interested in everything pertaining to her profession. Miss Trew was President of the Vancouver Graduate Nurses Association, and charter member of the Graduate Nurses Association of British Columbia.

TANNER—Suddenly on November 26, 1932, at Watertown, N.Y., Eva Tanner, (Owen Sound General and Marine Hospital), class 1926.

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Hyperacidity and Acidosis from the Clinician's Point of View

"If the production of acid is excessive or pathologic in amount, and there is inadequate neutralization or defective elimination, then the balance is disturbed and the state of acidosis follows" — LEONARD FINDLAY, Brit. Med. Jr., 1931, p. 3662.



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The Medical Patient

By Dr. G. K. WHARTON, London, Ontario.

In selecting this subject: "The Medical Patient", I did so with the hope that I might be able to arouse more enthusiasm and a better understanding of the problems which arise in the nursing care of this class of patients. I have not infrequently heard nurses make the remark "It is only a medical patient." Unfortunately for everyone this same attitude is to be found also among medical students, internes and even many practitioners of medicine. While one must admit that surgery is a much more dramatic field and that end-results are seen in a comparatively short time, it is generally accepted among our professions that more thought, tact and skill are required in the successful handling of the medical patients, especially the so-called neurotics. To discuss or even to mention the various organic problems in the nursing care of the medical patient is outside the realms of this paper. Here we will limit ourselves to the less discussed and less understood psychological aspects of the medical patient and the medical nurse.

Internal medicine is the term used to designate the wide field of medical practice which remains after the separation of surgery, obstetrics, and gynaecology. Clinical medicine, in its broadest sense, means that part of medicine which has to deal with the bedside investigation of disease in the living body. Progress in medicine is not hedged about by fixed limits but may extend as far as the individual's methods of observation and investigation can carry him. The nurse, as well as the medical student, should realise this fact early in her

course of study. The bedside study of a case should begin with a carefully taken history and should not end until every organ in the body has been thoroughly examined.

With the growth of clinical medicine have come all the influences of physiology, bacteriology, physiological chemistry and various laboratory and mechanical aids to the diagnosis, all designed to supplement clinical diagnosis, yet many of them serving as dangerous lures for the unwary student of bedside medicine. When a laboratory report is received it should not be given unwarranted weight in the diagnosis but its value must be checked against the clinical findings and if these do not correlate with each other then we must go back and study the case and check the laboratory report carefully for the error.

The "primal sympathy of man for man" which gave rise to nursing and to medicine is being threatened by these various diagnostic and therapeutic agencies which through spectacular appeal or a promise of a short cut tend to draw the student away from the bedside. The need for a sympathetic understanding of the patients, both by the nurses and doctors, is as necessary today as in the past. The nurse and the doctor must cultivate the art of their professions, their manner must be such as to inspire confidence and hope, and yet "the seeing eye, the hearing ear, and the understanding mind" must be employed with such a critical outlook that they approach the accuracy of a science. With these qualifications one is on the threshold of acquainting himself or her-

self with the most intricate and the most interesting unit of society, the human organism. One must learn that intuitive sagacity is synonymous with hard discipline and that everyone is endowed with special senses, which, if properly trained, will become powerful instruments in precision, incredibly keen and penetrating in the search for knowledge.

Now let us consider four of the chief factors which influence our patients' conduct, namely — dissociations, complexes, conflicts and repressions. Dissociation of consciousness is the division of the mind into independent fragments which are not co-ordinated together to attain some common end. This dissociation may be only temporary and partial in character, as seen in some individuals who ply their trade while continuing to think of other things, or may be complete, as seen in automatic writing and double personality, the former playing a large part in spiritualism, the latter furnishing fascinating material for books like "Dr. Jekyll and Mr. Hyde." This dissociation is very common and perhaps an inevitable occurrence in the psychology of every human being. Our political and religious convictions are notoriously inaccessible to argument, and we preserve the traditional beliefs of childhood in spite of the contradictory facts constantly presented by our experience. These phenomena are precisely similar in kind to the dissociation which permits the asylum queen to scrub floors, serenely unconscious of the incongruity between her exalted rank and her mental occupation.

A hobby is a complex: it is a system of connected ideas, with a strong emotional tone and a tendency to produce actions of a certain definite character. Consider, for example, the immensely powerful complex formed in a young woman

or man who has recently fallen in love. Ideas belonging to the complex incessantly emerge into consciousness, the slightest associative connection sufficing to arouse them and causing all of her mental energy to be absorbed in weaving trains of thought centred in the beloved one, and thus she becomes unable to concentrate her mind in the business of the day. Even in the world of science, which the ignorant generally regard as a peculiar sphere of dispassionate and cold thought, complexes play a vast role.

When an individual is called upon to consider a new measure his decisions are largely determined by a certain system of ideas and trends of thought peculiar to himself, and of which he may be totally unaware, since he is of the opinion that his deductions are formed solely from the pros and cons of the subject matter before him. This process of self-deception, in which the individual conceals the real foundation of his thought by a series of adventitious props, is called "Rationalisation." The prevalence of rationalisation is responsible for the erroneous belief that reason, taken in the sense of logical deduction from given premises, plays the dominating role in the formation of human thought and conduct. On the contrary, thought or action makes its appearance without any antecedent process, and is moulded from the various complexes resulting from our instinct and experience. "Reason" is a manifestation of a desire to satisfy our "ego." Most cases where sudden passion over some trifle is witnessed, as is often seen in patients, may be explained along the lines of complexes.

Delusions shown by our patients are not such grotesque and baseless anomalies if we cease to take them at their face value and delve instead into the deeper strata and

workings of the patient's mind. If a complex is out of harmony with the mind as a whole a struggle or "conflict" arises between this complex and the personality. This state of conflict is characterised by a conduct on an unpleasant emotional tension; the individual feels himself torn between two lines of conduct, neither of which is possible on account of the resistance offered by the other. Conflict, with its emotional tension and accompanying indecision and paralysis of action cannot persist indefinitely; it is necessary to find some way out of the impasse. If the individual comprehends the forces at war within himself and deliberately adopts a selected line of conduct which is the rational or ideal solution of a conflict, the war is over.

Other methods used to avoid the conflict are dissociation of consciousness and repressions. It is in solving these conflicts that the patient frequently develops a nervous exhaustion or a neurosis. In the mechanism of repressions as an escape from the conflict, one of the opponents is banished from consciousness and no longer is allowed to achieve its normal expression. This method of attaining peace of mind by refusing to acknowledge to ourselves the existence of unpleasant facts which would otherwise grievously disquiet us is familiar to us all. When we are considering the patient his psychological reactions must be duly delved into, studied and explained on a satisfactory basis. Often marvellous results in the treatment of the patient are due merely to an adequate explanation of his own reactions, showing him a way out from the conflicts in his life.

When we are considering the sick patient, especially the medical case, we must not think of him only from the physical side, but must explore

psychological reactions to his disease and to life in general, since the latter is often the more important factor in establishing the equanimity and the satisfaction of the individual who is lying on his sick bed or perhaps his death bed. The patient's psychological reactions can manifest certain powers and modes of expression which may act as powerful allies or as damaging enemies of his health. Man is tremendously affected by his environment — some individuals can readily adapt themselves to changes in their physical conditions and future outlook in life, but to the majority of us, if we are faced with the stern realities of being a patient and the uncertainties of the prognosis in disease, we lose our equanimity or mental balance.

The nurse's privilege and duty is to recognise the trend of her patient's mental workings and deftly and unobtrusively to encourage the recognition of the facts by the patient as things which are to be faced—not as "stumbling blocks—but as stepping stones" towards health. The sympathetic and understanding nurse can actively help her charge, one step at a time, toward adaptation to the new environment, remembering that many of the patients, especially the discouraged and depressed, cannot be incited to effort by simply having the promise of health held out to them, but are only capable of living in the immediate present with a skeptical outlook for the future.

Almost all patients are hyper-suggestible, which may be either the nurse's despair or her hope. The nurse must remember that her way of giving treatment, her expression, or her very presence, become potent stimuli to the patient's suggestion. If she realises this fact, she can utilise it to the advantage of the patient by

making these stimuli wholesome. The nurse, with sympathetic understanding of her charge and unswerving loyalty to orders, can carry out instructions, even if unpleasant, with the average patient so as to produce a satisfactory emotional response: one of co-operation and faith. In some individuals, where ordinary persuasion or requests fail, the nurse, in accordance with the doctor's orders and with the idea of helping the patient back to health, may have to use force which can itself act as a powerful stimulus to suggestion. Force, unwisely or unkindly used, produces a damaging effect, causing reactions of fear or anger, even leading to ideas of persecution and increased resistance in the patient. The patient's attitude, if he is suggestible, largely depends on the nurse who can make his illness a calamity by fear-breeding or suspicion-forming suggestion, which may have their origin in the nurse's own outlook on life and people. The happier, truer and more wholesome the nurse's life, the better she is equipped to practise the art of nursing. She must not show a patient hollow cheerfulness, which any patient knows is assumed for his benefit and which thus acts as an aggravating, irritating stimulus.

Another means of helping her patient is to divert and interest him in things outside of himself and even the hospital, as reference to books, to current events, to sports, but never to the gruesome events which take place within any hospital. If the nurse can successfully distract the patient's attention and lead his thoughts along these channels she has accomplished much in the way of treatment. Most of the patients have many habits of complaining, impatience, despair and loss of emotional control, which retard recovery of the body and produce a mental attitude not con-

ducive to health, and it is the nurse's duty to provide incentive to cheerfulness, optimism, and enthusiasm for the future. The nurse must be on guard against paving the way to invalidism, to which all patients are prone since it is the way of least resistance, and she must build up an endurance in the patient by encouraging him to pay little attention to minor ailments. Determination, hope, confidence and the "will to live" are powerful influences, when life hangs in the balance, and also during the period of convalescence.

The neurotic patient offers many interesting and varied reactions to the struggle for existence: these neurotic manifestations are put forward by these patients as a means of avoiding the realities of life. It is in their attempt to escape, to obtain sympathy from parents, husbands or wives, or in their feeling of utter hopelessness in a struggle which has been too much for them, that we see them defeated, discouraged and seemingly helpless to carry on. Here, more than in any other field of medicine, we must assume an interested fellow-feeling, without becoming too intimate or showing too much sympathy towards them.

Almost everyone of us has certain neurotic tendencies in our personality which would be accentuated to the degree of a neurosis if we were forced to acknowledge defeat in our struggle for existence. Thus, we find that the depression and increased difficulties in modern civilisation have precipitated more individuals to the point of a neurosis. These neurotic patients may be looked upon as weaker sisters in the psychological realm, although they may be very outstanding students. Disagreeable home environment, unsatisfied sexual impulses, inferiority complexes, especially in the psycho-biological inferior type, are the principal pre-

cipitating etiological points in the neurosis—it is an expression of failure to adapt oneself to living conditions or a way to escape from this intolerable struggle. The management of the neurotic presents at once the most difficult and the most hopeful problem in the whole realm of neurology. While few are curable, all these patients can be helped, provided that they are treated honestly and intelligently. In no branch of medicine do the nurses and doctors require so much tact, art, skill, knowledge and understanding as in the treatment of the neurosis. To be successful, treatment must be directed to each individual problem of the patient, taking each up independently and discussing it in a free, unpretentious manner. The patient must feel “at home”, must have confidence and a feeling that he is being understood by those who are caring for him.

To attain this end, the nurse must train her mind in accuracy of perception, concentration, equanimity and automatic habits which are all extremely important in the accomplishment of the highest in her profession. All have natural ability along these lines which must be studied and trained by the individual herself in order to develop these talents so that she can do her best.

Keen accurate perception of the patient with full notes on his chart are of great value to the attending physician. The nurse should act in the capacity of an observer and recorder of facts which occur during the time that she is on duty, but she should never attempt to interpret her observations when recording them. It is the duty of the physician, and not of the nurse, to sum up, to evaluate and to come to conclusions from the facts at hand.

The nurse, during her time on the wards, should train herself to observe the small details, such as the

arrangement of the wards, the condition of the linens, the floors, the windows and most important of all, the expressions of the patients. Learning to look closely at the patient's face, instead of casually glancing at her when you care for her, makes it possible to note changes of expression, heightened colour, dilated pupils or evidences of emotional upset. Concentration can be acquired. The nurse should practise this with each patient she handles. William James advocates for memory training, and for improvement of our thinking processes, that we pay more and keener attention, which will arouse interest in the things to be remembered, and this, coupled with reputation, will assure a good working memory.

No quality of personality, in the nurse or physician, takes rank with imperturbability. Imperturbability means “coolness and presence of mind under all circumstances, calmness amid storms, clearness of judgment in moments of grave peril, immobility, impassiveness,” or to use an old and expressive word, “phlegm.” This quality which has been well developed in our profession is much appreciated by the laity—although misunderstood by them—and the nurse or doctor who is unfortunate enough to be without it, who betrays indecision and worry, and who shows that she or he is flustered in ordinary emergencies, quickly loses the confidence of the patient. This emotional balance, which refuses to allow feelings to obscure judgment by leading reason astray, is as necessary a safeguard for the nurse as for the physician. This can be acquired to a fair degree through education, practise and experience and, at the same time, without sacrificing the warmth of fellow-feeling. To secure a good natured equanimity we must not expect too much from people. We must deal

gently with this credulous human nature and restrain our indignation at the many petty offences which are caused by their whims, fancies and eccentricities, that are not entirely unlike our own.

There is no better opportunity for will-training than during a nurse's course of studies: the constant acting against desire, of doing tasks which in themselves cannot be agreeable, calls for a "will to do" and strengthens it. When she can accept hardship, drudgery, weariness of mind, body and soul, the nagging of unco-operative patients and the demands on her sympathies of the suffering, she has learned the art of making each circumstance a stepping stone to the mastery of herself and has accomplished the art of nursing. An individual's point of view determines his psychological reactions to his environment and his future outlook on life. Our points of view are frequently merely acquired prejudices, hence emotional rather than rational. Thus, to see the other man's views, one must fully study and comprehend the other's background and try to put herself in the other's "shoes," so to speak. This requires imagination.

Let us put ourselves in a patient's position, looking out from a tired mind and an aching body,

after days of suffering, either physical or mental, and sleeplessness, and we, too, unless we are of an exceptional personality, would see the world as a dark, dreary place of torture, where one passes from failure to disaster, resulting in suffering and disgrace. The nurse who accepts and treats every patient as being like every other one will never be a great success, but she who studies the patient and learns his psychology will be a powerful therapeutic force to aid the physician in the treatment of the individual.

That a nurse is "born and not made" is probably especially true of the ideal medical nurse, although with a knowledge of psychology, any nurse can adapt herself and understand the patient. The medical nurse should be intensely interested in people as individuals, have a sympathetic understanding of the frailties and eccentricities of men and women with the ability to forgive them their weaknesses. She must have a personality, while domineering and strong, yet sweet and kind, so that she can lead the patient firmly yet gently back up the stepping stones to health. To have such a nurse with a medical patient, especially those with a definite mental twist or psychosis, probably means a cure which otherwise would be a failure.

THE INTERNATIONAL HOSPITAL CONGRESS

The Third International Hospital Congress takes place at Knocke sur Mer, Belgium, from June 28th to July 3rd, 1933.

A study trip for participants in the International Hospital Congress and the Congress of the International Council of Nurses has been arranged for from July 4th to 8th by the Dutch Hospital Associa-

tion and the Dutch Nurses Association. The cost of this trip, which is inclusive and covers everything except liquid refreshments, will not exceed 75 guilders. The following cities will be visited: Rotterdam, The Hague, Leiden, Amsterdam and Alkmaar. Further information may be obtained from Dr. W. Alter, 2 Ernst Ludwig Allee, Buchschlag, Hessen, Germany.



CANADIAN ARMY MEDICAL NURSING SERVICE

At the annual dinner of the Toronto Unit of the Overseas Nursing Sisters' Association of Canada on November 18th, 1932, Major-General E. C. Ashton, C.M.G., V.D., Officer Commanding, Military District No. 2, as guest speaker gave a most interesting though brief résumé of the history of the Canadian Army Medical Service, which the JOURNAL is privileged to publish. The speaker acknowledged his gratitude to Sir Andrew McPhail for information and statistics obtained from "History of the Canadian Forces—Medical Services—1914-1918."

Canada's Military Medical Service was established along lines similar to those of the Imperial Army and the first Director-General of Medical Services was an Imperial Officer (Colonel Neilson). The Canadian Army Medical Service really dates from the North-West Rebellion of 1885; in that year a few graduate nurses and religious sisters were employed in care of the sick and wounded in Western Canada. Four nurses proceeded with the troops of the first contingent to South Africa, returning about a year later when eight were sent over with the second contingent.

After the South African War, Captain Fiset (later Major-General Fiset), who had served with great gallantry in that war as a Regimental Medical Officer, was made D.G. M.S. in 1903. This officer really began the formation of a Permanent Army Medical Service and laid the foundations of the Canadian Army Medical Corps. He was specially trained at Aldershot for this purpose. General Guy Carleton Jones took over the appointment of D.G.M.S. in 1906 — took similar

training at Aldershot—and threw great energy into the organisation and training of our young Military Medical Units.

Field ambulances, general and stationary hospitals and other medical units were formed. Many of the leaders of the medical profession offered their services, raised units and underwent special training in military organisation and administration. It is to these pioneers in this work that the credit is due for the sound foundations which were laid for the great expansion necessary when war came. A small Permanent Force Service was established, operating military hospitals in Halifax and Quebec, and generally looking after the Permanent Force Troops; they also acted as instructors for the Non-Permanent Units.

Fortunately for Canada, the organisation of the Canadian Army Medical Service had been laid on sound lines and, while small, was well advanced in training before the great call came. A matron and four nurses were permanently employed in the military hospitals and a reserve corps of military

nurses was formed with an establishment of 57 nursing sisters who were given the relative rank of lieutenant and were titled Nursing Sisters.

This, then, was the situation when war was declared, and on this foundation the great Nursing Service of the Canadian Army was erected. On August 7th, 1914, Matron Macdonald took over the administration of the Nursing Service at Ottawa. Thousands of nurses volunteered and with the 1st Contingent, two matrons and 99 nurses embarked on the *Franconia* on September 29th, 1914, for overseas service. Some of these nurses were assigned to Imperial Units and the balance were posted to Canadian Units.

On August 28th, 1917, the Overseas Nursing establishment was placed at 2,003 nurses—27 matrons with a reserve of 203—and there were 313 Canadian Nurses with the English Service. Therefore the nurses of Canada were not only able to meet all the demands of the rapidly expanding Canadian Medical Service but were also able to materially help out the Nursing Service of the Mother Country.

In March, 1918, there were 828 Canadian Nurses actually in France. At the time of the Armistice, Empire Nurses in France were grouped as follows—

United Kingdom	1,754
Canada	682
Australia	339
South Africa	79
New Zealand	34

In addition to those in France the large Canadian hospitals in the British Isles were kept fully supplied with nurses. The Canadian Military Medical Service provided for the care of 400,000 overseas troops by seventy Medical Units.

In due course, as war casualties began to return to Canada, a Nursing Service was developed to serve

the hospitals in Canada, first formed under the Military Hospital Commission and later taken over in 1918 by the Military Medical Service. Sixty-five Medical Units were formed and nearly a quarter of a million patients were cared for. Overseas, and in Canada, accommodation was provided in Canadian Military Hospitals for nearly 50,000 beds. The total number of nurses taken on the strength of the Canadian Army Medical Service for the war was 2,854—with 2,411 overseas. This does not include the 229 qualified nurses with the Q.A.I.M.N.S., nor Red Cross and V.A.D.'s.

Never in the history of war was the sick or wounded soldier so well looked after. Never was he so efficiently cared for in the field, so rapidly evacuated and so well nursed to recovery. I have seen the wounded transported, and made comfortable, in clean wholesome beds in England, beyond the sound of the guns, within a few hours of the receipt of their injuries. Great as Canada's losses were, totalling over 56,000 deaths overseas, they would have been much larger but for the skill and devotion of the Medical and Nursing Service, which was so highly praised by Sir Douglas Haig and Sir Arthur Currie.

Throughout the war the efforts of the Medical Service were rewarded by a very low sick rate. Hygiene precautions and anti-typoid inoculation (and later T.A.B. inoculation) relieved all ranks of one of the greatest scourges of previous wars. Dysentery was unknown on the Western Front; cerebro-spinal meningitis was efficiently dealt with; new conditions such as trench fever, trench feet, and trench mouth, were studied and controlled. Of the infectious diseases influenza (often complicated with pneumonia) was the most prevalent and the most fatal, there being 46,000 cases

treated, with 776 deaths. In the South African War the ratio of deaths was 65 from disease to 35 from wounds, while in the Great War the Canadian figures were 8.7 from disease to 91.3 from wounds.

This startling difference was largely due on the one hand to the greater destructive power of modern artillery, machine guns, bombs, etc., and the massing of enormous armies for long periods under the conditions of trench warfare, thus raising the proportion and severity of battle casualties. On the other hand, the prevention of disease and the excellent care of the sick and their rapid evacuation from the field enormously decreased loss from illness. Horrible as war is, it is well to remember that the experience gained in looking after masses of men under discipline and control has always resulted in an advancement in medical and surgical knowledge, which remains in the hands of the profession to be utilized for the preservation of life of the civil population.

The Nursing Sisters shared with the rest of the army the hardships and dangers of war, having:—

- 6 killed or died of wounds
 - 6 wounded
 - 15 drowned by enemy action
 - 17 died of disease on service.
-

They also shared in the recognition of services well performed, receiving 328 decorations, 169 mention in dispatches, 76 brought to the notice of the Secretary for War.

That then is, in brief, a record of the Service in which all present served, and which could not have been accomplished without that help. It is a record to be proud of and will be preserved and handed down to your successors, who, imbued by the same spirit of devotion to duty, will always be ready to respond, should the need arise.

It is well at times to remind ourselves of these things, to renew old friendships, to remember those who went overseas, imbued with the same spirit of sacrifice, but who did not come back to face the difficulties of a disorganized world, and also to remember those who have passed over since war work was completed.

As members of the local unit you will meet the trials and difficulties of this period of depression and unrest with the same stout hearts, the same cheerful faces, and the same kindly helping hands, with which you helped back to health and strength those to whom you ministered with such devotion during the war.

HOSPITALS IN HOLLAND

By C. P. KNOTTENBELT, First Matron of the Municipal Hospitals, The Hague, Holland.

To foreigners, the name of Holland rouses visions of a population in wooden shoes, the men in galligaskins, the women wearing from six to twelve stout petticoats, the babies wrapped up in heavy garments, looking like miniature grown-ups, an old-world country, still revealing the queerness and quaintness of which Washington Irving has given us such a fascinating picture in his *Rip van Winkle*.

I remember quite well how, as a young woman of about 25, I went to a boarding-school in the north of Scotland to teach French and German. On arriving, I noticed some disappointment among my future pupils, and later on I was informed that the children had hoped to be taught by a mistress in wooden shoes, in the old Marken costume or something like it. I don't think the headmistress of the school would have relished her mistress dressed in that way.

No doubt, now that people so often go to foreign countries and show more interest in their neighbors, these ideas have changed. I trust our hospitals are already known to many of our colleagues from abroad. All the same, with a view to the International Congress of Nurses in Paris and Brussels, which for many will be followed by a trip to Holland, it may be worth while giving some idea of what is to be seen there.

In political and religious life, I believe Dutch people are more split up into small groups than any people I ever heard of. It seems contradictory, but it is a fact that, in spite of so many different factions, the Dutch are as a rule successful when it comes to achieving something, and with regard to hospitals, too.

Dutch hospitals may belong to the state, to the county, to the municipality, or may be semi-state-municipal; many are private hospitals, in that case mostly denominational, either Protestant or Roman Catholic; some are neutral. Their size, too, varies from big (1,300 patients) to quite small ones (10 patients).

The hospitals belonging to the state and municipality are mainly directed by a medical superintendent, together with a matron or lady-superintendent. Their nursing staff consists of graduate nurses and pupil nurses, the latter being usually in the minority. All large hospitals have a training school for nurses. Recently, many hospitals have started a preparatory school, while others are planning to open one. Nurses have a three-years' training, besides half a year for nursing maternity cases. Mental nurses also train three years. Since 1928 we have a state examination and registration. In the smaller hospitals and in children's hospitals, the nurses are but partly trained, and go for their final training to one of the larger hospitals.

Legally, nurses' working hours may not exceed 9 hours daily, no such regulations being in force for head nurses and sisters. In the municipal hospitals of Amsterdam, The Hague and Rotterdam, an 8-hour day is prescribed. In most hospitals, nurses wear the typical Dutch uniform (blue-linen dress, white apron, black shoes and stockings). State and municipal hospitals as a rule take in only a few private patients, or none at all. As it is impossible to give the names of all the hospitals of the cities you intend to visit, I shall mention the

bigger ones, although many of the small ones are of a very good standing.

In Amsterdam, the municipality has three hospitals, of which the Wilhelmina Gasthuis is the largest, accommodating about 1,300 patients. It was opened in 1893. I remember quite well that our Queen Wilhelmina, at that time a little girl of 12, came to Amsterdam for the ceremony of laying the foundation stone and a group of about 1,000 Amsterdam school-children celebrated the event by singing the national anthem. I was one of those 1,000 children.

The Wilhelmina Gasthuis is built in pavilions. Since the building was completed, the hospital has been repeatedly and considerably enlarged. Although in the beginning it was not meant to be so, the Wilhelmina Gasthuis is gradually changing into university clinics. Any kind of illness and men, women and children are nursed there in wards containing from 30 to 6 patients. Besides the in-patients, the Wilhelmina Gasthuis has big out-patient departments.

While the Wilhelmina Gasthuis is the largest, the Binnengasthuis is the oldest of the municipal hospitals at Amsterdam. During our 80-years' war with Spain, the magistrate of Amsterdam, after denying the authority of the Spanish king, took possession of a convent built on the site of the present Binnengasthuis. From that date the indigent of Amsterdam were nursed there. In succeeding centuries many alterations and improvements were made.

Situated in one of the oldest parts of the city, the Binnengasthuis has retained its original picturesque aspect, which makes up in a way for the lack of gardens and trees, appreciated so much in our modern hospitals. Unlike the Wilhelmina Gasthuis, the Binnen-

gasthuis has always been a university hospital, but as said before, the Wilhelmina Gasthuis nowadays draws large numbers of medical students. An interesting feature of the Binnengasthuis are the infants' cubicles, where, in order to prevent infection, all sick children are first nursed before being admitted to the children's ward. The third municipal hospital, the Tetselschade Ziekenhuis, was only opened in 1920. Owing to the extension of the city and consequent lack of beds for the sick, one of the municipal orphanages was turned into a hospital, which, of course, entailed many alterations in the original building.

Amsterdam has many private hospitals. Among the denominational ones we find:

Protestant—Ned. Herv. Diaconessen Inrichting (Dutch Reformed Deaconess Institution), Luthersche Diaconessen Inrichting (Lutheran Deaconess Institution), Juliana Ziekenhuis (Juliana Hospital).

Roman Catholic — Onze-Lieve-Vrouwe Gasthuis (Holy Virgin Hospital).

Jewish—Nederlandsch Israelietisch Ziekenhuis (Dutch Jewish Hospital), Centraal Israelietisch Ziekenhuis (Central Jewish Hospital), Portugeesch Israelietisch Ziekenhuis (Portuguese Jewish Hospital).

Non - denominational — Burger Ziekenhuis (The Burgher's Hospital), Ziekenverpleging Prinsengracht (Hospital Prinsengracht), Boerhaave Kliniek (after the Dutch physician Boerhaave), Spinoza Kliniek (after the Dutch philosopher who lived in Amsterdam some 300 years ago). Besides, there are many hospitals confining themselves to special cases, for instance —The Children's Hospital, named after our Queen-Dowager, the Emma-Kinderziekenhuis; the cancer hospital which honors in its name "Anthony van Leeuwenhoek

Ziekenhuis", our great biologist born 300 years ago.

The Ned. Herv. Diaconessenhuis, which like most philanthropic institutions, started its work in a private house, and built a new hospital in 1912 on the Overtoom. The new hospital has wards for 36 patients and private rooms for 44 patients. The Luthersche Diaconessenhuis dates from 1894. Consequently it is less modern than the Ned. Herv. Diaconessenhuis. The Juliana Ziekenhuis, built in 1903, has some 130 beds.

The Roman Catholic Hospital "Onze - Lieve - Vrouwe Gasthuis" started with 50 patients and 14 nurses in 1880 in a private house on the Keizersgracht, the older part of Amsterdam. Soon it proved to be too small and already in 1898 the Roman Catholics erected a big hospital on the outskirts of the city which, after repeated extensions, has now a capacity of 750 beds. As Amsterdam has a densely-populated Jewish quarter, it stands to reason that the Jews were keen on having their own hospital. Of their three hospitals, the Ned. Isr. Ziekenhuis (300 beds) is the largest; the Centraal Isr. Ziekenhuis has 56 beds; the Portugeesch Isr. Ziekenhuis has about 50 beds. The non-denominational hospitals mainly accommodate private patients. They are all well equipped, without great luxury.

From Amsterdam it is only a quarter of an hour by train to Haarlem, the well-known bulb centre. It would make this article too long to give details of all the hospitals there, so after mentioning the Roman Catholic "Maria Stichting" and the Protestant "Deaconess Hospital", I would like to point out to you the St. Elisabeth's or Big Hospital, a semi-municipal-private institution. It can boast of being one of the oldest hospitals of Holland. The original hospital dates from 1354, but was replaced

on its present spot in 1581 and named after Elisabeth of Thuringia. It has a most interesting history of which even nowadays, after the hospital has been beautifully modernized, we find many traces in the old Delft-ware and Dutch pewter in the nurses' dining room and the room for the hospital committee. Having been matron there myself for seven years, I quite see the advantage of the atmosphere of an old home with beautiful old architecture and fine old china combined with all those modern conveniences that are indispensable in an up-to-date institution.

During my own matronship in the hospital, I sometimes could not help feeling slightly hurt when many people seemed to be more interested in the antiques than in the way the patients were nursed. Lately, the hospital has been greatly rebuilt and extended. Fortunately, the old style has been kept intact. Thus, the hospital has remained a worthy neighbor of the interesting Frans Hals Museum, just opposite.

In the neighborhood of Haarlem, at Santpoort, we find one of our big lunatic asylums, situated in a lovely spot in the dunes. Its former name, "Meer en Berg" (Lake and Mountain), suggests a landscape more or less Swiss. Nothing of the kind, though. The people of the lowlands, although being somewhat matter of fact by nature, are not devoid of imagination and it is only a short step for them to see mountains in dunes and lakes in small ponds. So if you look for Switzerland you will be disappointed, but if you care for a pretty spot in our beautiful dunes you will rejoice with us that about 1,300 of our mental patients are nursed there.

After leaving Haarlem, the train takes us south in 20 minutes to Leiden, and I am sure you will not regret the time spent going over the "Academische Ziekenhuizen"

(State University Hospital). The clinics are quite modern, having been completed only this year. Once more we meet the pavilion system; every pavilion is surrounded by gardens, which in summer time abound in flowers. On entering the different pavilions, one is struck with the ample scale on which they are built. The corridors and wards are spacious, the painting in various bright colors helps to give the feeling of a cheerful welcome to all who enter, either to help to relieve pain or to be relieved.

After Leiden, we continue our way, either by tramcar (one hour) or by railway (10 minutes) to The Hague.

There the Gemeente Ziekenhuizen (Municipal Hospitals) first claim our attention. The municipality has four hospitals of its own where its patients can be nursed. These are: I, The Gemeente Ziekenhuis, Zuidwal; II, The Gemeente Ziekenhuis, Slijkeinde; III, The Gemeente Ziekenhuis, Tapijtweg; IV, The Temporary Buildings, Zusterstraat.

In the first hospital all kinds of patients are nursed with the exception of scarlet fever, whooping cough, erysipelas—in fact, most notifiable infectious diseases. These are taken in the Temporary Buildings (Zusterstraat, IV).

For obstetric and gynaecological cases, the hospital Tapijtweg (III) is set apart. In the hospital Slijkeinde (II) only medical cases are nursed. The hospital Zuidwal (I) is the biggest and most modern. It was founded in 1823, and since then has been constantly enlarged and improved upon. In 1925 the new operating department was opened and in 1931 the preparatory school for nurses, which originally was started in one class room, was moved to new premises next to the nurses' dining room.

Here the probationers have their class room, their model bathroom, their study, their model kitchen. On the floors above we find the new nurses' home.

The municipality has no room for all its patients in its own hospitals. A number of beds in private hospitals are at its disposal for patients who express a desire to be nursed there either from religious motives or because their relations prefer to have them nearer, expenses being defrayed in so far as necessary by the town. Quite close to the Municipal Hospital, Zuidwal, is the Roman Catholic Hospital "Westende", also in the old part of the city. After repeated alterations it now stands there, able to cope with the manifold duties it has to fulfil. In spite of several enlargements, it has managed to retain a large space for its beautiful gardens.

The Diaconessenhuis "Bronovo" (Deaconess House), first situated in the heart of the city, wanted modernizing and achieved this in an ideal spot at the extreme edge of the town. The new building, opened in 1932 by Princess Juliana, is meant to accommodate 160 patients, while 125 deaconesses (many of whom are engaged in district nursing) have their rooms in the nurses' home.

On entering the building, the visitor is struck by its severe beauty and yet cheerful aspect. The whole building is surrounded by spacious gardens, which promise shady corners and pretty walks when they have outgrown their baby stage. Also on the outskirts of The Hague, but in an opposite direction, the Red Cross had a beautiful building site at its disposal, and in 1925 opened a new hospital for 150 patients, half of which are nursed in private rooms. The staff numbers 82 nurses, besides the nurses on special duty.

And now we say good-bye to The Hague, and our next visit will be to the Rotterdam hospitals. I am afraid that mentioning so many hospitals has taxed your attention too much. Yet we must not leave Holland without paying a visit to Rotterdam. Its extensive carrying trade necessitates the world famous docks and harbors, and the Hospital Coolsingel is always in readiness to receive the inevitable casualties occurring there. The hospital is old, but well equipped for 800 patients. The Municipal Hospital on the Bergweg was built when the growing city wanted

more hospital accommodation. In this hospital is room for 400 patients. The hospital for tropical disease was opened a few years ago and is of much value in a city where boats from the Orient regularly arrive.

I hope in this brief survey to have succeeded in giving you some impression of the care of the sick in our Dutch towns. Needless to say, I could point out only a very few out of our large number of excellent hospitals. I trust these lines may make you desirous of becoming personally acquainted with the institutions mentioned.

A PROUD MOMENT

Years ago, a young nurse, inexperienced in organisation work, with much timidity presented the first annual report of the Saskatchewan Registered Nurses Association to a general meeting of the Canadian Nurses Association. Much that occurred at that meeting has been forgotten, but memory treasures still the gracious, encouraging words spoken by Miss Mary Agnes Snively when, at the close of the meeting, she sought the western representative and expressed the pleasure it had been to her to hear of nursing development in one of the more recently organised provinces.

Since that day in 1918 there have been other occasions when the same kindly encouragement has been spoken or written by Miss Snively. A letter in her familiar

and characteristic writing is opened first of all whenever one appears among the mail at the National Office. Early in January, another such letter was received by the Executive Secretary and retiring Editor, conveying Miss Snively's kindly commendation and enclosing a generous cheque for the *Journal*. Such evidence of continued interest and support from the Founder of the Canadian Nurses Association should stimulate all members to follow her excellent example.

Miss Snively is Honorary President and a Life Member of the Canadian Nurses Association. The nurses of Canada will look forward in joining with her in celebrating the 25th anniversary of the Association in Toronto in 1934.

THREE NOTABLE NURSING CAREERS

Recognition of years of service was fittingly, made during recent weeks, to Miss Jane Craig, Miss Lillian Phillips, and Miss Jennie Webster, of Montreal, all three having made a distinctive and valuable contribution to nursing which has extended far beyond the City and even the Province.

Miss Jane Craig completed twenty-five years as lady superintendent of the Montreal Western Hospital before she resigned toward the end of 1932. A daughter of Montreal, Miss Craig graduated as a nurse in 1905 from St. Luke's Hospital, Chicago, and in 1907 was appointed to the position that she filled most capably for a quarter of a century. Alert always to the requirements of nursing education, Miss Craig was responsible for improved standards in nursing care and teaching methods and also for the efficient administration of the Hospital throughout her association with that institution.

Miss Lillian Phillips, Superintendent of the Montreal Foundling Hospital for the past thirty years, built up an institution which grew from the smallest of beginnings to one which will be of lasting benefit to the entire community. Into the history of nursing organisation in Montreal and in the Province of Quebec is woven the loyal and stimulating support of Miss Phillips. She was appointed secretary of the Montreal Graduate Nurses' Association at its organisation in 1905, an office most competently filled until her election as President in 1909. Probably Miss Phillips' length of presidency is unique in Canada, as she was presiding officer until 1927. During that time many changes took place. A Club House for the Association was rented in 1916 and a resident sec-

retary-treasurer appointed. This served the purpose until the residence on Bishop Street was purchased in 1925. In the interval the office of resident registrar had been established. When the Association of Registered Nurses of the Province of Quebec was organised in 1920, Miss Phillips became Recording Secretary and Treasurer, and served the organisation in those offices for eight years.



MISS JANE CRAIG

Courtesy, The Montreal Star

Reference to Miss Jennie Webster, Night Superintendent of the Montreal General Hospital, immediately brings to mind a career that in length of service must constitute a record in the nursing world. An early graduate of the Hospital, Miss Webster was appointed Night Superintendent in May, 1900, and since then, without interruption, she has continued in that position.

Following graduation, Miss Webster had some experience in private nursing and hospital admin-



MISS LILLIAN PHILLIPS

istration before she accepted the appointment which she held so efficiently for more than three decades. Announcement of Miss Webster's resignation, late in December, was received with deep regret, not only by the medical and nursing professions, but by all classes of citizens in Montreal. Further reference to Miss Webster's unique career will be published in a later issue of the *Journal*.

These three nurses have contributed in large measure to nursing development and service to the community, each according to the exigencies of her position. It is gratifying to all their associates that Miss Craig and Miss Phillips will continue to reside in Montreal. Miss Webster goes to Winnipeg, where she will preside over the home of two orphan nephews.

In honour of each one, there were numerous presentations and social gatherings, including a farewell reception on January 8th for Miss Webster at the Nurses' Residence, when over five hundred nurses, doctors and other friends called to bid her adieu. Miss Phillips and Miss Craig were among those present.

The *Journal* joins in offering congratulations to these nurses on their years of service and hopes that, in the future, they may find full enjoyment in the fruition of plans that have been made during their busy lives for this time when duty will be less demanding.



MISS JENNIE WEBSTER

Courtesy, Alumnae Association
The Montreal General Hospital

SCHIZOPHRENIA

By A. ELIZABETH PORTER, Graduate, Ontario Hospital, Whitby, Ontario.

The study of the Schizophrenic type of mental illness presents a wide field to the student of Psychiatry. The sufferers from this malady form the majority of the permanent inmates of all mental hospitals. The disease is little understood as to its causes and treatment, and although great advances have been made along these lines, there is still much to be learned.

The word Schizophrenia is taken from two Greek words meaning "the splitting of the mind or personality." This word is considered to more clearly describe the condition than the older term *Dementia Praecox*, and is now more commonly used.

Schizophrenia, in its typical form, is a slow, steady deterioration of the personality. It expresses itself in disorders of feeling, of conduct and of thought and in an increasing withdrawal of interest in the environment. It is a disorder of youth, frequently met with in adolescence. Two-thirds of the cases occur between the ages of 15 and 30 years. The greatest number of cases occur in about the 25th year, with a gradual decrease in the number after that year, and very rarely are cases met with after the 40th year.

The causes of this condition are rather obscure. Heredity is a debatable point — some psychiatrists think that it has much to do with mental illness, while others think that it does not influence the onset of the disease. However, we do know that in many cases of the disease, family history shows some form of mental illness.

Poor childhood training, unhappy family life, alcoholism in the parents, and too much or too

little affection, all seem to predispose toward attacks of Schizophrenia. The child who is a little different, a little too clever, or dull, who is seclusive and does not mingle with others, and the day-dreamer, is often a candidate for the ranks of this illness. The nearest to the true cause might be stated thus: the progressive inability of the individual to adapt himself to his environment.

An attack is sometimes brought on by a serious physical illness, particularly a dangerous infection. A death in the family, the sudden loss of money, or worry over business affairs may bring on an attack. An unhappy love affair may be the exciting cause. Whatever cause may be seen, either exciting or predisposing, to cause the development of this psychosis, it may be said that, having found this world and the business of living too great a burden, for his peculiar mental constitution, this individual has built himself a world of his own. This new world of his is a dream world, filled with phantasies and known only to himself.

Under the general head of Schizophrenia have been grouped four sub-divisions. These four types have all the same basis, namely, that of a functional brain disorder, there being no change in the brain itself. These types are fairly distinctive, and yet are not very clear-cut as there are some symptoms common to all, and again no two individual cases are absolutely similar. These four types are—the Simplex, Catatonic, Hebephrenic and Paranoid forms.

The symptoms vary so much with each individual case that it is impossible to set down definite

rules, but there are certain symptoms that are common to the whole group. One of these is the failure of affect, or emotional blunting. This shows itself in apathy and indifference. The patient does not seem to appreciate joy, or sorrow, or fear, but is quite indifferent to his condition and to his surroundings. There is also a certain dreaminess and lack of reality. The patient lives in a world of his own beyond the reach of friends and doctors. There is marked disharmony between mood and thought. Often these patients express ideas without any emotion which, in the normal person, would cause feelings of remorse, or pity, or joy, and so on. Situations of great emotional value are met with complete indifference. Often there is meaningless laughter and a stereotyped, silly smiling attitude, which is not real mirth or gaiety. The patient loses all interest in his personal appearance and requires constant attention and supervision.

Ideas of reference are common. The patient suffers from the idea that people are talking about him, are plotting against him, and that every happening has some reference to himself. These ideas are the foundation of the persecutory delusions and also of many others. He may think that people are reading his thoughts or that he is being influenced by wireless or by electricity. Delusions of a grandiose nature also appear. The patient is usually very sensitive and suspicious, and feels that the whole world is centred about him and that he is marked out either for persecution or for some great honour.

Hallucinations of hearing are very common. They frequently come to have great influence over the patient's actions. The patient hears a voice, which is really the working of his own schizoid mind,

telling him to do a certain thing and though he may know it is wrong, yet he is compelled to do it. On being asked why he did such a thing, the reply is, that a voice told him to do it. He may say it is the voice of God, or of some friend or relative. Destructive and violent actions often result from these hallucinations. Visual hallucinations and those of taste and smell are also frequent. Thus the patient may say that he sees bright lights in the ceiling or angels in the sky. He may say that the food is poisoned or that the air is filled with strange odours. There are many more of these ideas but these examples are merely given here for illustrative purposes.

Schizophrenia Simplex

To deal with the sub-divisions of Schizophrenia now, we will take the Simplex type. This form is chiefly characterized by a loss of ambition. These are the wanderers — the professional hoboes — the people who are continually changing from one job to another, moving about the country from place to place, never satisfied and yet never able to improve their station in life. Always they are going to make a great success of their next undertaking but their interest and ambition always fades away and they weary of the effort of really doing anything worth while. They dream great things but never have the ambition and perseverance to achieve their ends.

They have no mental change and are merely sunk in apathy and emotional dullness. Life has been too hard for them, but instead of developing a psychosis they just let things pass them by and do not bother. They are content with little. They often do good work at a routine job in a subordinate capacity. They make no effort to plan for the future, or to acquire more than will keep them from day to

day. Frequently, in later life, they become public charges although rarely reaching the mental hospital.

Catatonia

The catatonic type is more readily differentiated than any of the other types of Schizophrenia. It has symptoms and a course peculiar to itself. There are two chief phases of Catatonia—the stage of catatonic stupor and the excited state. Between these states there is a depressed stage when the patient appears in a more or less normal state. The onset of the illness is rapid with little or no premonitory symptoms. Previous to the attack there has been gradual loss of interest, apathy, a lack of concentration, a dreaminess and often unusual behaviour. Gradually a state of stupor develops. The patient is mute, ignores or refuses food, and all activities are so lessened that he remains idly sitting or standing in one position. There is a vacant facial expression and no apparent interest is taken in his surroundings. While in this state the patient has to be dressed and undressed and moved about in bed. He takes no interest in his personal habits. Mannerisms are common. It may be necessary to tube feed these patients for months at a time.

Often, while in a catatonic stupor, the patient lies rigidly or curled up in bed. While in this cataleptic state, they will allow their bodies and limbs to be placed in various positions and make no effort to move them again. For example, if a hand is raised, it will remain in that position until the attendant moves it again. This is known as *flexibilitas cerea*, when the body can be moulded into any shape.

While in the stupor, the patient does not appear to know what is going on about him, yet he does

understand and, when in the excited state or in the in-between periods, may give a detailed account of events that have taken place.

Without any warning, the patient may suddenly become active, talk, and ask and answer questions. A state of extreme excitement now comes over the patient, he is impulsive, suddenly striking people and things about him. He is noisy, singing and shouting and generally very active and very restless. This excited state may last for hours, days, or even weeks at a time. During the excited stage, there are often both homicidal and suicidal tendencies.

Acts of violence are usually associated with hallucinations. Often too, the patient expresses delusions. They feel that they are commanded to do certain things, that they are all-powerful or that they are being persecuted. They often cannot eat for the fear that there is poison in the food, that they can taste or smell it. This is due to the hallucinations of taste and smell.

Deterioration is fairly rapid. As time goes on, these patients become more careless of their personal habits and appearance, destructive to their clothing, showing no interest in their own comfort whatsoever. They live for years, alternating between phases of excitement and stupor. In hospitals some may do some light work as occupational therapy, or gardening, and other things, but many refuse to do anything. Some recover from a first attack and some recover from even later attacks but many never recover. The prognosis in catatonia is still poor, even today.

Hebephrenia

Hebephrenic Schizophrenia appears to occur more often in younger people than do the Catatonic and paranoid forms. There

are often symptoms of these other forms present, which make it hard to diagnose Hebephrenia in some cases. However, it is marked by periods of wild excitement alternating with periods of depression and tearfulness. There are frequently fantastic illusions and hallucinations.

The previous history of the hebephrenic type shows an unstable emotional condition. There may be a history of tantrums, of a too pious, too conscientious type, apt to be too idealistic and prone to brood over trivial matters. They have generally been looked upon as queer or odd. They laugh or weep without very good cause, or have violent outbursts of anger, explosive in nature, and soon passing away.

Hallucinations of sight and of hearing are very common in Hebephrenia, especially those of a symbolic interpretation. These come and go in the course of the disorder. The vivid hallucinations especially dominate the picture. Their delusions are very changeable and fantastic: they may say that they have no brains any more, or that their back is broken.

The hebephrenic patient suffers much from ideas of reference. He feels that he is being watched and made fun of. Sometimes there are feelings of being under the influence of some unknown power.

Deterioration is rapid. It soon reaches a condition of silly, impulsive activity with poor emotional reactions, great incoherence of speech and thought, with many varied hallucinations and absurd ideas. Like the catatonics, they take little interest in their personal habits, appearance and comfort and so require constant attention. The prognosis is poor in Hebephrenia.

Paranoid Schizophrenia

This type of Schizophrenia usually develops between the ages of thirty and thirty-five years. The delusions expressed are many, unsystematized and changeable. They are usually of a very fantastic and illogical nature. Hallucinations accompany these delusions.

The idea may be of any type. Sometimes there are ideas of persecution—someone is attempting to poison the patient, to harm, or to destroy him, or is trying to take away his property or money and so forth. In fact, these ideas of persecution often cause much trouble before the patient can be placed in the hospital under proper supervision. Again he may have depressive ideas, or probably ideas of great wealth and power known as grandiose delusions.

Deterioration is not so great in the paranoid type. The personality is better preserved and they have rather more interest in themselves than the other types do. In advanced cases there are seen to be mannerisms, incoherence in train of thought, and lack of interest. The prognosis here is not good either.

Many theories have been advanced as to the cause, diagnosis and treatment of Schizophrenia and much progress has been made along these lines. In the treatment, of which nothing has been said in this article, the main hope rests on the prevention of the onset of the illness, through treatment of persons presenting unusual behaviour, by the mental health clinics, and by improved childhood training. There is still much to be discovered regarding this disorder from all angles. As time goes on, and through research, psychiatrists gain more knowledge of this disorder, it is hoped that a more favorable prognosis may be given.

THE EDITOR'S DESK

The new Editor of The Canadian Nurse is now engaged in taking over her duties and responsibilities. She reported for duty something less than a week ago, and her present state of mental confusion reminds her of those early days in training when, being sent on an errand to the drug room, she found herself in the laundry, with no clear idea either of how she got there or of how she was to get back to the ward again.

Let it be said, however, that her path is being smoothed, at every turn, by the unfailing patience and courtesy of the Executive Secretary and former Editor of the Journal, Miss Jean S. Wilson, who has left nothing undone which would help to make the transfer easy and pleasant. In an early issue of the Journal, it is hoped that all previous editors may be prevailed upon to tell something of the contribution each has made toward its growth and development, and, at that time, more extended reference will be made to Miss Wilson's accomplishment.

Anyone familiar with the heavy responsibility and endless detail involved in the secretaryship of a national organization, or in the direction of a professional journal, would naturally suppose that either task might well absorb the total energies of one person. Miss Wilson has carried the double burden with characteristic modesty and quiet efficiency for more than eight years. In spite of the fact that the Executive Secretary has, during the past three months, closed one national office and opened another in a distant city, the direction of the Journal has been so orderly and systematic that the new editor ought to be able to carry on without loss of time or duplication of effort.

Miss Wilson, in her farewell editorial, ventured to hope that the members of the Canadian Nurses Association will consider that she has "held the line". As one of the members of that Association who perhaps has had unusual opportunities for judging, the new Editor suggests that the line has indeed been held with courage and devotion in the past, and that it should continue to be so held in the future; therefore, with the consent of the President of the Canadian Nurses Association, Miss Wilson has been requested to take charge of a department in the Journal which will report upon the various projects and activities associated with the work of the Executive Secretary at the National Office, and will keep Canadian nurses informed concerning developments in the various provincial nursing associations. When she is relieved of the responsibilities of the editorship, it will be possible for the Executive Secretary to give her entire time and energy to those problems which the recurrent demands of the Journal have inevitably pushed into the background.

Meanwhile, the new Editor must seek to comprehend the complexities of the task she has undertaken. She has no illusions about its difficulties; they are plainly in evidence. In times like these, there are strong elements of risk in any new venture—yet she has faith to believe that there is a reasonable hope of success. Foresight and caution have been exercised in planning the re-organization of the Journal on its present basis. The President of the Canadian Nurses Association and her associates have pondered the wisdom of every move before it was made. The successive steps may clearly be traced by studying the President's mess-

ages to the members. Nothing has been left to chance and a wise guiding policy has been formulated and closely followed to its logical conclusion.

There will be no departure from this policy of caution and common-sense. It is obviously too early to discuss, in print, any contemplated changes. These cannot be decided upon until they have been submitted to the proper authorities for official scrutiny and sanction. The immediate task is to take full advantage of all the work that has already been accomplished, to continue to exercise the fullest measure of economy which efficient administration permits, and gradually to introduce such new features as close study and careful analysis indicate as likely to strengthen the Journal and add to its interest and usefulness.

If encouragement were needed, it surely has been generously supplied by the good wishes which have already reached the Editor's desk. The first letter opened was from the President of the Canadian Nurses Association. It conveyed her greetings — and enclosed a check for an annual subscription — an excellent presidential precedent which is worthy of emulation by all members. The first visiting card was that of Dr. Helen MacMurchy, Chief, Child Welfare Division of the Department of Pensions and National Health, and former Editor of the Journal, of whom more will be said in a later issue. Many cordial messages have been received from officers of provincial associations, from nursing colleagues in many lands and from former students. Much wise counsel has been given by nursing leaders and teachers and the President and the Executive Secretary of the American Hospital Association have expressed a kindly interest.

The nursing press, as represented by The International Nursing Review, The British Journal of Nursing, The American Journal of Nursing, The Public Health Nurse, The Trained Nurse and Hospital Review, and the official organ of nursing in Hungary, have all commented favourably on the new venture and have wished it success. At this point the Editor would like to make public acknowledgment of the debt which she owes to the editorial and business staffs of The American Journal of Nursing and of The Public Health Nurse. Generous opportunities were afforded her of studying at close range, the editorial and administrative organization of these outstanding publications. Such evidences of international goodwill are heartening and are an earnest of future cordial relationships.

Inevitably, in this first editorial, there must be something of a direct and personal approach which is not usually appropriate or permitted. The Editor asks permission to depart, on this unique occasion, from the impersonality to which, in the future, she must strictly adhere. The nurses of the Province of Quebec and of the City of Montreal have made this incurable Westerner feel that she is welcome. The streets of this ancient and picturesque city and the sound of the French tongue recall experiences in other lands and add richness and colour to the familiar Canadian scene. It is good to be home again.

The Editor thanks the nurses of Canada for the trust they have reposed in her. It is in a spirit of real humility that she sits at her desk and takes her pen in hand. She applies to herself that admonition once given to the greatest of nursing saints: "Seek to do well, for there be those that have faith in thee."

POST-NATAL CARE

By Dr. W. A. DAFOE, Toronto, Ontario.

Any organisation which has as its object the welfare of our mothers and babies deserves all our possible support, and I look upon my association with the Mothercraft Movement as a particular privilege.

Prophylactic measures for post-natal care commence during the early pre-natal period and are continued throughout pregnancy. This includes a careful physical survey of the patient with the notation of any organic weakness. Pregnancy makes great demands on every system of the body, and the expectant mother must meet these demands by carrying out a schedule of careful training in regard to rest, sleep, proper diet, exercises, clothes and physical care. A normal patient should be able to carry out her accustomed daily routine with the addition of increased rest and sleep. This fact was clearly demonstrated to me in the case of a patient I saw in the early months of expectant motherhood, who was, at the same time, carrying on with her profession of a circus bare back rider. With the pursuit of scientific data, and the accompaniment of a small boy, as excuses, I went to see the circus and watched this lady do back-flips, front-somersaults and cartwheels on and off the horse and over the circus ring without apparent trouble, and this had been a bi-daily procedure for several months.

There are many worries and fears during pregnancy which should be met by a sympathetic attitude; they should be brought forward for discussion, rather than

hidden away. So many of these troubles are found to be needless. The unborn baby is a parasite living off its parent and it will usually flourish in spite of abnormal conditions of the mother. It is not influenced by maternal impressions and its physical and mental possibilities have their origin in the sex-cells of the parents long before it takes bodily form. This fact does not appear to be clearly understood.

Due to the increased pre-natal care, the serious complication of convulsions is becoming a rarity. A great deal of valuable work along this line has been carried out in the University of Toronto. Modern medicine has given us many accurate ways of diagnosing early symptoms of trouble, and the mother-to-be should be informed of the warning signs that require immediate notification. In this way, serious conditions will be avoided.

The first three months of a new mother's life is a critical period for herself and the baby. It is a time of many new adjustments. She has the cares and responsibilities of a new baby and, in most cases, the care of the home as well. Emotional disturbances may appear and even mental upsets occur, but their duration is short and the mother needs encouragement. This is a time when practical help, in many ways, from the new father is most essential.

During the lying-in period, the mother is recovering from the effects of pregnancy and labour. This is the period she has been looking forward to for nine months and she needs a great part of this time to commune with her new baby and visitations should be in-

frequent. We always take it for granted that the mother will nurse her baby. Not only is this the best for the baby, but it helps considerably in bringing back the reproductive organs to their size, strength and consistency.

Amongst the immediate complications of child birth, infection of the reproductive tract occurs most frequently. Due to the mechanism of labour, there are always wounded places and organisms which normally live in the lower portion of the tract can reach these areas with greater ease at this period, than at any other time. Fortunately these organisms are not of the dangerous type and nature in her own wonderful way, immediately throws forward strong defensive powers and neutralizes their effect.

There is, however, one family of bacteria which, on account of its virulent growth, often breaks through the defensive barrier, grows wild in the blood stream and settles in various organs of the body. It belongs to the same family as the cause of many serious conditions such as scarlet fever, erysipelas, septic sore throats and others. It is readily transferable and thus is found more frequently in the cities than in the country. Admission is gained from without, but in a few cases it may be carried from infected areas in other parts of the body. This infection is more prevalent during the winter months when people are restricted more to indoor life. Special care must be exerted to prevent colds and sore throats at this time. It is interesting to know that patients with a history of scarlet fever are less susceptible to this infection than others. Possibly in the near future, protection may be given by means of the new scarlet fever toxoid.

Long before the knowledge of organisms, Semmelweis of Vienna

cut the mortality rate of the cases under his supervision 75% by the simple measures of insisting that his students wash their hands carefully and soak them in chlorine water. Pasteur, about 25 years later, described the appearance of these organisms as little circles in chains, an excellent description which is still used. Bacteriology has advanced a long way since then, but we still have far to go yet in stamping out this serious complication. The seriousness of this problem is clearly realised in our teaching centres and investigations are proceeding continuously to combat it. In the meantime, we are attempting to lower its incidence by our teaching to students and nurses of pre-natal care, as well as the teaching and practical application of meticulous technique in the care of the mother at childbirth and the immediate post-natal period.

We must realise that our responsibility and service to mothers does not end when they are able to be up and around. Mothers must be taught the necessity of post-natal examinations and they should expect and insist upon these being carried out. As mentioned before, pregnancy places extra work on every system of the body and labour always produces some traumatic disturbances to the reproductive system. During the post-natal examination, summation of the effects of pregnancy and labour may be made and measures of treatment should be instituted and continued until the abnormal conditions are cured. Following this, mothers should be seen at least once a year until after the menopause. This care is vitally important to the future health of the mother and I believe it to be one of the most important prophylactic measures in the prevention of malignant conditions in that part of the body.

LETTING OUR CHILDREN GROW UP

By Mrs. W. T. B. MITCHELL, B.A., R.N.

Director of Parent Education, The Mental Hygiene Institute; Chairman, Section of Education, Canadian Council on Child and Family Welfare.

About the hardest thing parents have to learn is that their children do not belong to them. They belong to themselves and to the future. The parent's role is to provide guidance and education of the young so that they may become independent and contributing members of a social group. To work planfully, happily and unconditionally toward that goal, requires real unselfish love for the child and an appreciation and respect for his individuality. To have helped in the development of a mature, grown-up personality brings with it the highest reward of parenthood.

The first and most important duty of the parents and family is to provide security and affection in the home relationships. Children all need affection—particularly the kind of affection that can be counted upon—that ensures understanding, patience and consideration under the most difficult circumstances. It is nothing short of cruel to tell a child "If you behave that way mother and daddy cannot love you," or "You are so naughty I am going away to stay," or "If you don't behave we'll put you into an institution." Any child who is subjected to such frequent threats to this security has the very foundation of healthy personality growth undermined. Every child needs to feel *sure* of the affection of his parents for each other and equally for him and his brothers and sisters. It is a seriously disintegrating thing when a child is torn between loyalty and affection for one parent and loyalty and

affection for the other. Yet such a situation inevitably arises when parents are incompatible and get at each other through the child, or unconsciously use him as the outlet for their unsatisfied emotional lives.

John, aged 8 years, is an only child. His parents were married after a few days' courtship. Except for a few weeks following the marriage, they have quarrelled constantly. John was an unwanted baby, but since his birth the mother has devoted herself to him, doing everything for him—overprotecting him, and shutting him away from the normal outside contacts. The parents disagree openly as to matters of discipline. The mother criticises the father for his severity with the boy and his lack of affection and consideration for her, and commiserates the boy in a very evident attempt at turning him against the father. The boy admires the father "because he is big and can do things," yet is very dependent upon the mother. He is in a constant state of conflict and insecurity, which is giving rise, at the present time, to such symptoms as restless sleep, stammering, food capriciousness and temper tantrums. Under such circumstances of strain and instability, this child cannot grow up in an emotionally healthy way.

Another frequent source of feelings of insecurity comes about when parents show partiality in their treatment of their children. Praising one child, nagging another, making comparisons between them, holding up one child

continually as a model to others—continual fault-finding—expressed disappointment—all of this treatment must surely contribute to a lack of confidence in the self and feelings of inadequacy, to jealousies which develop when an individual feels insecure in his affectional life, to weakening of initiative and courage to do one's best.

Children must be appreciated for what they themselves are—evaluated in terms of what they themselves are able to do. Every individual has a contribution to make—a self to express. His growing-up should not be warped or prevented by inferiority feelings and insecurities, arising out of family partialities or personal competitive comparisons.

So far we have been stressing the need of every child for parental affection. Children cannot thrive without love, but they can have too much of it. Or we might better say—they can have too much of the wrong kind of love—the kind popularly termed "Smother Love." Let us see what we mean by the "wrong" kind of love.

Many parents find it difficult to let their children grow up. There is a great deal of pleasure and satisfaction to be derived through the dependence of the young. The attachment of parent to child is a reciprocal dependence. It is full of opportunities for mutual satisfactions. It comes about naturally during the helpless period of infancy, is easy to continue and difficult to break away from. Only a full understanding of the risks involved and a determination to see that the child has a reasonable chance to wean himself away from the home and family dependencies, will prevent the child from being crippled by them — from being "smothered" by parental love and affection.

The little child is very helpless and dependent at birth. He must be fed, bathed, clothed, put to sleep. Such ministrations are a source of great emotional satisfaction to the parent. She feels adequate and essential. The infant, too, finds the parent a source of comfort and satisfaction—an answer to needs. What begins as a perfectly normal responsive relationship, may all too easily develop beyond that. The mother who will not give her baby a bottle, because she cannot forego the pleasure of his absolute dependence upon her; the mother who prides herself upon taking her 7-year-old child to school every day, when she should be encouraging him to go by himself; the unhappily married or widowed mother who lavishes intense affection upon the child, when the normal outlet for such affection is denied her; these mothers are storing up very real difficulties for themselves and for their children. They are using the dependencies of their children to bolster up their own emotional insecurities. They are doing all in their power to bind their children to them by the cords of emotional dependencies. This is not letting children grow up.

Mary is a gentle, submissive girl of 19 years, the eldest of a family of three. For several years she was an only child—the only one the parents expected to have. She was very precious to her middle-aged mother. From the beginning the relationship between mother and daughter was very close. Mary's mother did everything for her—could not bear to have the child out of sight—consequently, Mary had a tutor and did not go to school. The mother was most demonstrative, and was always present to protect Mary from any disagreeable consequences of her own behaviour. Mary was the centre of attention for the whole family as well. Anything she did was

right. The unexpected birth of two brothers scarcely interrupted the intent relationship between mother and daughter. When Mary was nineteen, it was decided that she must go to finishing school. Mary dreaded leaving her mother and home. She was accompanied to school by her mother, who was most solicitous about arrangements for Mary's comfort. Mary wept bitterly when her mother left. She found it difficult to enter into the competitive school situation. She was bewildered by even the moderate criticism, the casualness of the contacts, and her own inability to fit into the groups. She was constantly looking for help and reassurance. She became depressed and had no appetite. She spent hours writing homesick letters to her mother. Finally, she developed a very disturbing cough. Repeated physical examinations revealed no cause for this distressing symptom, but it persisted. Finally, the cough became so distressing, her sleep so broken, that it was decided that Mary must go home for a rest.

Mary is quite well at home. She is mother's faithful shadow. She has no friends of her own age. Any mention of a return to school is enough to bring a few days' distressing coughing. Mary's mother says, complacently,—"I don't believe we will be able to let Mary go back to school—but she is such a lovable person to have around." This is "smother love." But even Mary's mother is observing wistfully the engagements, the marriages among the young people who should normally be Mary's friends. Even she is beginning to wonder why Mary has no "young man."

Again, let us take the case of Will. He is the oldest child of a family of five. His father died when he was fifteen and left the family in difficult circumstances.

Will left school and went to work. He was a 'steady, willing worker. He brought every penny he earned home to his mother. He helped her around the house. There was not time for the normal recreational activities of a boy his age, and no money to spend on them. Will and his mother became very dependent upon each other. She talked over her worries and problems with Will, just as she had formerly done with her husband. Will comforted and sustained her. He became known and much approved of as a model son—so affectionate, so sympathetic, so sacrificing—what would Mrs. A. do without him to lean upon? Apparently no one thought what might be happening to Will.

When Will was 20 years old he met a girl and fell in love with her. His mother objected strenuously—the girl was not good enough for him—Will was too young to marry yet. How could he support two families?

The resulting long drawn out conflict between Will's natural adult desire to choose a mate and to establish himself as the head of a family, and the pull of the more infantile, immature emotional attachment to his mother and feelings of loyalty to her, has almost destroyed Will. He has periods of serious depression — such deep feelings of frustration as to make life seem not worth living. Will has not been allowed to grow up. He too is a victim of "smother love."

I should not like to leave you with the impression that smothering affection is limited to mothers. The father-daughter relationship may be equally emotionally handicapping. Fathers, too, find it difficult to give up their daughters—to let them grow up emotionally. Again, by the father domineering,

by his indifference, by his harsh discipline he may drive the emotionally developing child back upon the very dependencies the child is struggling away from. For the normal progression of his emotional life, the young boy needs help in freeing himself from the maternal dependencies. This can best and most naturally be supplied through the contacts and comradeship with the father. There is no substitute for such an intelligent comradeship. Any father who is too busy, too ambitious, too indifferent, who deprives his son of this help, is making it difficult for him to grow up. In conclusion—to mothers and fathers who are perhaps unconsciously clutching at their children—trying to live through them—disturbed at their natural efforts to get away—to parents who are preventing their children “growing up,” I would say—*Free them!* unless you can renounce your hold voluntarily, even gladly, you run the definite risk of having nothing.

To those parents who are not themselves grown up enough to find happiness in deliberately helping their children establish their independence, to those who must have something dependent on them, I would make a suggestion. I would perhaps suggest that they might find some help if they read and ponder over the scene from “The Pretenders”, when Ibsen makes King Skule ask the pro-

phetic seer Jatgeir, the Scald, to be a son to him and cries out “I must have someone by me who sinks his own will entirely in mine, who believes in me unflinchingly, who will cling alone to me in good hap and ill, who lives only to shed light and warmth over my life, and must die if I fall.” Jatgier answers briefly—“Buy yourself a dog, my Lord.”

CHARACTER MORE IMPORTANT THAN GRADES

Uncertain character and shocking manners are found in graduates of colleges and often of professional schools, said Nicholas Murray Butler, president of Columbia University, in his annual report made public in late December. Dr. Butler feels that the mere passing of examinations should not win the student advancement.

“The capacity to pass these intellectual tests should rank third in estimating the educational progress of a student,” Dr. Butler declared. “Evidences of character-building should come first, and evidences of his good manners and respect and concern for others should come second; and, these lacking, no amount of intellectual performance of any kind should win him advancement or graduation. Such a one would not be educated at all; he would only have been instructed in some degree in the subject matter of a given field of knowledge.”—American Nurses Association Bulletin, February, 1933.

NIGHT DUTY

By CATHERINE D. de HUECK, Student Nurse, St. Michaels' Hospital, Toronto.

There is a subtle beauty in a hospital ward little seen by an outsider to whom it is nothing but a place of dreary suffering and dulling pain. Rooms, like people, have characters—the reflection of their owners. A ward is just a large room with many changing occupants, each leaving his or her indefinable something on its face: that is why wards in old hospitals are mellow, a little sad, very cosy in their own way, full of personality, for have not mighty dramas been played in them. Human courage has held its banner high and shown its radiant face amidst suffering and pain; heroic deeds have been performed, as they should be—quietly, unobtrusively; beauty of soul has been revealed so dazzling that those who witnessed it reflected, for a long time, its glory in their faces. Patience, fortitude, unselfishness, gratitude, are daily companions of the sick, stamping, reflecting themselves on the face of the ward. Have you seen it at sun-down when the setting rays light a brilliant fire in the polished window panes, drawing crazy patterns on immaculately white counterpanes, making medicine bottles shine and reflect their light in the tired eyes of the patients, bringing out the vivid colours of the flowers?

This is the time when the night nurse starts her duties. It is quiet then, the subdued feverish activities of a hospital day are over. The patients rest from whatever excitement it has brought to them. The night is not far—when one is sick darkness means perhaps fears, perhaps pain, always loneliness, and many are the eyes that follow the night nurse about her duties. Will she understand? Will she help? There is so much more to nursing than just nursing.

Number One is expecting a verdict, trying are her days with hard incomprehensible tests, what has the future in store for her? She is afraid, the night is long, "Nurse, Nurse, help me to fight my fear, help me to be brave in the face of uncertainty."

Number Five is a bewildered soul, a foreigner, who cannot speak English at all, frightened of the big stately ward, of the white robed doctors, the efficient nurses, homesick for her many children. She is like a little child lost in a big wood. Oh, the power of a smile, of a gentle voice, of a little friendly gesture.

Number Eight, an old woman with an incurable disease, facing the just-delivered verdict of her removal to the Home for Incurables. Is it to be wondered that she is cranky, that she grumbles and demands special attention, wearing the nurse out? A little patience will go such a long way; silence, when a sharp word is about to be spoken, will bring its reward a hundredfold.

Number Two is too sick to take notice. She, to-night, will only need the deft fingers, the trained mind that are the nurses stock in trade. The night is long, Nurse, do not allow your vigilance to relax—a life is in your keeping.

And so down the dimly lighted ward where the stretch of beds loses itself in semi-darkness, they are all numbered, but their occupants are neither "numbers" nor "only patients," they are "human beings in pain." The night is long, the night is dark, the only light is on the nurse's desk, let her remember it, for in that light she must be all things to all, and only then will she be a "good night nurse."

Department of Nursing Education

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THE REPRODUCTION OF PATHOLOGICAL SPECIMENS BY THE USE OF THE WAX MOULAGE

By HORTENSE P. A. DOUGLAS

Medical Illustrator to the Montreal General Hospital, Montreal, Canada.

Wax moulage as a means of faithfully reproducing skin lesions, anatomical specimens, and variations from the normal on the body surface, has been in use for a great many years and has found a number of skilful exponents, many of whom have used a process which has never been divulged. The purpose of this paper is to describe the method of applying the process originated by Dr. Frank Wallis of the Army Medical Museum of Washington, to the reproduction in wax of fresh pathological material, as used in the Department of Pathology at the Montreal General Hospital, under the direction of Dr. L. J. Rhea.

Even the most carefully preserved pathological specimen loses a great deal in the fixing process, not only in detail and colour, but also in texture and size. The object of the wax moulage is not only to reproduce the fresh colour of the original specimen, but also its minute detail, as well as to maintain the appearance of plasticity and suppleness which is the distinguishing feature of tissue recently removed from the body. The dry, leathery shrunken appearance, for instance, of a formalin fixed portion of a human stomach, where the rugæ radiate from a dark craterlike ulcer, bears little resemblance to the velvety supple texture of the same specimen when fresh,

with its loose mucosa thrown into soft folds around the brilliantly coloured, indurated area of ulceration.

To this end, the plaster impression is taken as soon as possible from the fresh specimen obtained from the operating room or post-mortem table. There are some fresh specimens which do not lend themselves to this procedure without preliminary fixation, such as very luxuriant pedunculated papillomata, or flat soft sessile growths, or tumours which have proceeded to extensive necrosis. Such specimens as these must be partially fixed in ten per cent solution of formalin for a short while before taking the plaster impression. Cystic tumours, hydro-nephrotic kidneys, in fact any cavities filled with fluid, must be distended with formalin to their original size and tension before opening, in order to give some rigidity to the walls. This fixing process must not be carried too far, a few hours is sufficient, or the resultant moulage will appear to be that which it really is: the reproduction of a fixed (rather than a fresh) specimen.

The greatest obstacle in the taking of any plastic impression is undercutting. This is particularly apt to be lost sight of in the reproduction of fresh specimens, which (in their soft condition) are so

easily drawn away from the set plaster, a proceeding which does not take place when wax is poured into a plaster cast. In order to avoid this, depressions with overhanging edges, such as are found in a large ulcer, or the dilated calices of a kidney, must be packed smoothly with oiled cotton, the defect so created to be remedied later by pushing back the wax before it has completely hardened immediately upon its removal from the plaster cast.

Before attempting to take the impression of a fresh specimen, such as the mucous surface of the stomach, it should be washed in saline to remove the blood, then immersed in a weak solution of sodium hydroxide to remove the mucus, rinsed again in saline to prevent disintegration of the mucous membrane, and carefully dried with absorbent cotton. It should then be laid on a board and surrounded by damp gauze, so as to eliminate undercuts at the edges, at the same time as nearly as possible reproducing the original contours of the organ. It is then lightly oiled with olive oil, and the plaster of Paris mixed to the consistency of thin whipped cream poured gently over the surface, care being taken to fill the lesion first so that the edges may not become unduly heaped up. As time here is no object, as it is in taking an impression from a living subject, it is not advisable to add salt to the water, as this sets the plaster too rapidly, producing a degree of heat sufficient to destroy the mucosa.

The finest dental plaster is used, as recommended by Dr. Wallis, and the basic wax formula is that which he originated. The plaster cast is allowed to dry out for several days at room temperature, then immersed in cold water for

twelve hours, during which time the air bubbles escape, then dried before pouring the wax. The formula used is as follows, with variations as indicated by the specimens to be reproduced:—

- 2 lbs. white beeswax
- 1 $\frac{3}{4}$ lbs. paraffin
- 1 lb. talcum powder
- 1 lb. prepared cornstarch
- 2 oz. yellow beeswax.

Whenever possible the colour should be added to the fluid wax and it is always recommended that the basic colour, or the lightest tone appearing in the specimen (*i.e.* the delicate tint of the pelvis of a kidney) be noted and the wax tinted to that shade before pouring. Roehrig's transparent oil colours are used, a small amount of wax being melted down from the stock and coloured as the specimen requires. After the first coat of wax has been run over the plaster, the fat should be coloured yellow and as much colour added from the back as possible, owing to the fact that the tiny irregularities on the surface of the hardened wax catch the oil paint applied and present a granular appearance, which is to be avoided. A coating of white shellac is used to give the glistening effect of mucous membrane, and this should be sprayed on with a *fixatif* blower in order to achieve an even sheen. The shellac should be diluted with alcohol according to the degree of lustre required, a strong *fixatif* being enough for a serous surface.

When it is unavoidable that a lobulated and undercut surface be represented, it is recommended that a thin coating of wax be poured on the plaster cast, removed while still soft, smoothed with the fingers (rubber gloves should be worn) to the desired contours, and immersed immediately in ice water, more wax being added

later to the requisite thickness. The introduction of a metal probe into the model at the site of a perforated artery often adds realism to the specimen. Such an instrument should be filed to an appropriate length, heated and inserted a few millimeters into the wax at the desired point. Calculi should be well dried out, heavily shellacked for preservation and affixed to their original position on the moulage by means of balsam, which should be allowed to dry out well before handling. Moulages of specimens of nephrolithiasis and cholelithiasis prepared as above make most striking and instructive models.

The wax reproduction, when coloured and perfectly dry, must be mounted on a suitable board. Three or four short pieces of dental lead strips should be imbedded in the wax from behind, allowing them to project half an inch beyond the edge, by means of which the wax specimen is nailed to the board. It is then draped to conceal the edges with strips of linen, which should later be painted over

with a thin coating of plaster of Paris in water, for preservation. A label with diagnosis, reference numbers, and a brief history, and a glass case over all to keep out the dust as well as to prevent handling, give a neat finish to the specimen.

In conclusion, this is a very simple and effective method of permanently preserving the graphic likeness of fresh pathological material. Its application is limited only by ingenuity; endless variations on the wax composition may be used, reducing the talcum and cornstarch proportions when reproducing bone; a drop of white beeswax tinted with yellow, added from a medicine dropper, may give the illusion of pus oozing from a small orifice; clear shellac applied in the same manner for serous fluid; and many other impromptu inventions that are called for as the occasion requires. As long as the unbroken plaster cast is at hand, the specimen may be reproduced long after its original has been demolished by the microtome.

SANATORIUM AFFILIATION

By B. BIBBY, Matron, Tranquille Sanatorium, Tranquille, B.C.

Tranquille Sanatorium has been affiliated with the nurses' training schools of the general hospitals of British Columbia for two years. During this period, one hundred and seventeen student nurses have been given an intensive two months' course in tuberculosis. Classes of nurses from general hospitals replace each other at two month intervals. These classes have of necessity been comparatively small, varying from nine to thirteen students.

The course consists of lectures on the bacteriology of the disease, theories of infection, types of disease, symptoms, treatment and x-ray demonstrations by members of the medical staff, and lectures with demonstration of tuberculosis nursing by the superintendent of nurses and her assistant as well as practical nursing experience in the care of active tuberculous disease. Methods of protecting those who are well from the dangers of infection are stressed.

Efforts have been particularly directed to teaching the nature of the disease, its symptoms, spread, means of prevention, the possibilities of its cure and the psychological effect upon patients suffering from this far too prevalent disease.

The student nurses have responded well in most instances to the demands for adjustment from the intensively active duties of a

general hospital to the quiet methodical routine of sanatorium life. They have shown, both in practice and examination, an intelligent grasp of the essential knowledge a nurse should have to enable her to properly nurse tuberculosis, and also to give the timely advice that is required to ensure an early diagnosis, by which the long inactivity necessary to the cure is often avoided.

The two months personal contact with a number of tuberculosis patients in varying stages of the disease has much to commend it rather than deeper theoretical knowledge and contact with only a few advanced cases which may be a source of greater infection than in a sanatorium, where preventive methods and instruction against contamination are highly emphasized and practised.

Little or no disorganisation results in the change of student nurses' classes every two months. No doubt this has been aided by the fact that most of the student nurses have had more than one year's training in general hospital work. The majority have come to the Sanatorium in their third year of training.

All nurses do not show an aptitude for this branch of nursing, but they gain knowledge and experience that can be used to great advantage wherever the opportunity to do so arises.

Department of Private Duty Nursing

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PNEUMONIA

By Dr. TREVOR OWEN,

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Pneumonia is the situation, par excellence where we are treating the patient, rather than the actual infection or the lesion in the lung. Except in possibly one variety of pneumonia (Type 1—pneumococcic pneumonia where a serum may be tried) we have no direct specific method of attacking the organism causing the disease. The problem then is how to assist the patient to weather the storm. We all know that an experienced nurse, with an imagination, is the best assistant. By imagination I mean that quality of being able to realise the patient's discomfort at the moment, to foresee what it will be at the next, and to invent and carry out a hundred and one tricks to allay or forestall it, and all without ostentation or conversation. By this unflagging watchfulness, incalculable effort and strength are conserved so that they will outlast the life of the infecting organisms. It is my purpose to reiterate the reasons for the principles of treatment, so that those who nurse these patients may have their imagination fired with interest and understanding.

Cases of pneumonia may be divided roughly into three large groups:

1. A short severe illness
2. A long severe illness
3. A long comparatively mild illness

First Group—A Short Severe Illness

This is the typical case of acute lobar pneumonia, due to one of the

four groups of pneumococcus, and lasting from three to ten days or so, barring complications. Occasionally, other organisms, such as the streptococcus, will give this picture.

Now what happens in this patient and what does he actually suffer from? It is to be remembered that the shortness of breath is not due to the fact that part of the lung is out of commission. It is due to the fact that the pneumococcus produces a toxin which is peculiarly injurious to the heart, blood, and blood vessels. This places the patient at a great disadvantage in coping with the infection, especially as the high fever necessitates a large supply of oxygen, due to the very high basal metabolic rate.

The toxin's effect on the blood vessels in the limbs and in the splanchnic area is of great importance. Because of this injury, the vessels dilate, the blood flow is slowed, too much oxygen escapes from the blood, so that on its return to the lungs, the time ordinarily allowed in the lungs is insufficient to renew the supply to the normal percentage. Added to this is the fact that the blood returning from the pneumonic area, has not only been deprived of its contact with air but has passed through the area of greatest concentration of toxin. The patient, therefore, is really suffering from a blood supply to his brain, heart, and blood vessels generally, which is not only deficient in the substance

the tissue cells require most, but contains a highly poisonous material, viz., pneumococcic toxin. Our object then in treatment is to be directed towards alleviating this state of affairs.

We must get rid of the toxin continuously and promptly by bowels and kidneys, and dilute it by giving enormous quantities of water. We must supply the cells with that material which will be of most use to them with the minimum of work on their part, and which will prevent, to some extent, their damage by the toxin. This material is sugar, the quickest and most immediately usable source of energy. The corollary of this is that we prevent the patient from using his brain, his heart and his blood vessels, except for the essentials of existence — breathing, swallowing and excretion. We do this by silence, isolation, and attendance. By silence I mean no unessential light talk by nurses, doctors or visitors — there should be no visitors. By attendance is meant the constant prevention of any muscular effort on the patient's part. He should not have to reach for a sputum cup or hold a drinking tube.

The use of oxygen to overcome the cyanosis is not one of the responsibilities of the nurse, so that it is outside the purpose of this article, except to mention that the oxygen tent is the only satisfactory method of administration. The holding of a funnel in front of the patient's face is more or less useless, and the nasal catheter method a poor substitute for a tent.

As mentioned above, in the short severe illness, sugar and water are the essentials. The patient can afford to do without protein and fat until convalescence has commenced. The abdominal distension, that is often a distressing feature, is probably due to the effect of the

toxin on the intestinal muscles and nerves and not to the large quantities of sugar taken. The bowels must be moved once a day by simple enemata.

Second Group—A Long Severe Illness

To this group belong those pneumonias due to the streptococcus, sometimes to the pneumococcus, and frequently a mixed infection. The important point in which these differ is the fact that the patient must have more protein. That is to say, after ten days have passed, the intake of sugar and water must be augmented by protein, since the wastage of body tissues must be replaced. The remarks made under the First Group heading as regards silence, isolation and attendance, of course apply here, too.

Third Group—A Long Comparatively Mild Illness

The mildness is due to the less toxic nature of the infection and the importance of sugar and water is correspondingly less. The intake of a general mixed diet with plenty of protein is essential. Foods which have small bulk in comparison with their caloric value should be chosen.

What to Watch For in Pneumonia

1. Changes in colour may mean the failure of the peripheral vascular bed or heart failure.

2. Irregularities in the pulse. The onset, for example, of a complete irregularity means auricular fibrillation due to severe poisoning of the heart muscle.

3. Severe chills usually mean a septicaemia with spread of the pneumonia to a new area.

4. When pleuritic pain is severe one fears the possibility of an empyema.

5. Cheyne - Stokes respiration means the damage to the vascular system is affecting the circulation in the brain.

Department of Public Health Nursing

HOW THE PUBLIC LOOKS AT PUBLIC HEALTH NURSING

By Mrs. H. P. PLUMPTRE, Toronto, Ontario.

It is quite unnecessary to define "public health nursing" to this audience, but I wish the audience would define it authoritatively—to me—who, however inadequately, am representing this morning: "the public!"

I find that you yourselves, in the Report of the Survey of Nursing Education in Canada, are asking whether nursing is a profession, and if you, the experts, are still asking that question, you must not be too hard on the public which is still a step or two behind you in this matter. For many of us are still asking "what is public health?" and I find a considerable variety of opinion on this subject among people of my own acquaintance.

Here are a few answers:—

1. Public health means the health of the community as opposed to the health of the private individual.
2. Public health service is a service supported by publicly collected funds (taxes) and administered by publicly appointed officials.
3. Public health is preventive and not merely curative.
4. Public health means healthful environment.
5. Public health nursing is not really nursing at all; it is a camouflage to call it nursing;

it is really the teaching of hygiene; and it is called nursing because people are more in favour of nursing than teaching and so it is more easy to get it paid for out of the taxes.

As no paper on nursing is complete without a reference to Florence Nightingale, I will add her definition of it: "nursing the well"; and if we go back to the primary meaning of the word *nurse*, which is closely connected with food, we find ourselves including in public health, the very necessary idea of proper feeding.

Therefore I would submit that the public looks at public health nursing with a certain amount of uncertainty as to its outlines, and that an authoritative definition of public health and of public health nursing would be warmly welcomed by us.

But the public is not an individual, but rather a composite of groups. If you look at it carefully, you will see many persons; if you listen, you will hear many voices, all speaking at once and all saying different things. If I tried to combine them, the result would be only a hideous confusion, so I will try to distinguish and relay them to the audience.

I see in the forefront, *the taxpayer*. For our purposes, he is the descendant of the economic man of the older economists who feels only through his pocket. He looks at public health nursing as the latest fad devised to deplete his "wad",

(Address given at the Public Health Nursing Section of the Canadian Public Health Association Annual Meeting, 1932, also, published in The Canadian Public Health Journal, October, 1932.)

or the latest frill to empty the tradesman's till. He sees it as a potential mill on the dollar in the tax-rate; and he asks, with perfect justification, I think, "What right has anyone to add even a straw to the tremendous burden of taxation which we have already imposed upon us?"

I would venture to suggest that the way to meet this gentleman is with a persistent and steady drip of information as to the cost of public *ill-health*. Once convinced that it costs a community more to be ill than to be well, he will be satisfied to pay even the extra mill on the dollar. The cost of an epidemic occurring this year may be so used as to have a distinct and direct influence on the health budget of the community next year—but only if it is clearly and often explained in the press, and on platforms, and in pulpits, and made the subject of questions at election time.

I see also the *individualist*. He looks back to the days when there were no provisions for health, except those made, according to their conditions, by each household. He dislikes "molly-coddling" in any form; he loves independence of mind and body. He certainly has some justification for his fears. We have all seen, with regret, a tendency to demand service *from* the state without a counterbalancing desire to render service *to* the state. But can we be individualistic or independent in this matter of health? In self-defence, if for no altruistic motive, we need the regulation of public health in our modern communities, and of this public health nursing is the practical application to the community.

I see also the *conscientious objector*, whose religious faith or racial prejudices make him eye with disfavour any attempt to coerce him against his will. What

is to be done with him, or her? Again, I think a steadily-repeated, simply-expressed statement of the achievement of public health in reducing infant and maternal mortality, in saving child life and so on, with a tactful and sympathetic effort to make the invasion of his liberties as light as possible.

Also, I can hear the *conscientious critic*. He has known a case in which a public health nurse prescribed for a patient, perhaps only an aspirin or a hot water bottle. Public health nursing is therefore an unauthorized invasion of the physician's territory; a nurse should nurse, and not try to be a "half-baked doctor" or a "hard-boiled" one either. I am sure the public is with the critic in his views, and I am also sure he is expressing the views of the nursing profession in this matter—but we should not judge a stocking only by its holes.

I hear a perfect chorus of voices saying that a nurse should be a ministering angel, and ready when pain and anguish wring the brow, but that they really feel doubtful about all these clinics and classes. Ladies and gentlemen, you must always remember that the public *feels* far more than it *thinks*! How often we hear and say: "I *feel* that we should do this or that." It is for this reason that bedside nursing has such a tremendous appeal to the public. I *know* all about its being better to build a fence at the top of the cliff than to send an ambulance to the bottom, but I *feel* that there is a certainty about the need for an ambulance that there is not about the fence. Perhaps, after the fence is built, no one will walk in that direction; and, perhaps, if there had been no fence they would not have fallen over; and, anyhow, there is always the thrill when the ambulance bell is ringing! Preventive work appeals

to the emotions and instincts. The public loves to *feel* and hates to *think*, and so we are a little suspicious of a nurse who lectures instead of poultices.

When I began to think seriously about the preparation of this paper I thought of two or three things I should do. First of all, I thought I would find an authoritative definition of public health nursing in a dictionary. I tried four of them but not one of them even had the thing listed at all! The Oxford Dictionary, however, said that *the public* meant *the members of the community in general*; as for instance: "the public is the best judge!" I am grateful to the dictionary for this illustration. "The public is the best judge!" Here is a crumb of comfort from an authoritative source: "The public is the best judge!" And then I discovered that in the *Survey of Nursing Education in Canada*—to which I betook myself after the dictionaries had failed, it was stated that the attitude of the public was 59% ideal towards public health nursing. Well, I think it is something to be even 59% ideal in any attitude!

I am glad to see that the compilers of the *Survey* concede that the majority of the public are in favour of public health nursing. In spite of all the criticisms and objections I have passed on to you, I am sure that you have a steadily-growing majority in your favour. There are thousands of homes in which the beneficial results of public health nursing have been experienced and where its value is recognised. There is a growing volume of instructed opinion be-

hind this work in spite of the fact that, in this time of financial distress, economies are apt to take strange directions.

In the *Survey*, I find that a quotation from an eminent authority to the effect that public health nursing is a new profession, and that the educational authorities have not as yet the faintest conception of the work, and we are doing our best to educate them. That's the spirit, ladies and gentlemen!

JESSIE ROSS ROYER

1881—1932

Public health nurses in Canada have learned with regret of the death of Jessie Ross Royer, R.N., which occurred on October 2, 1932. Mrs. Royer graduated in 1904 from the Training School for Nurses, General Hospital, Wilkes-Barre, Pa., following which she was actively engaged in public health and child welfare work in Pennsylvania until 1920. Many will remember Mrs. Royer as Chief Nurse of the Massachusetts-Halifax Health Commission. Following her marriage in 1923, Mrs. Royer became associated with the American Child Health Association in an evaluation of public health, social and child welfare activities in several representative cities. Subsequently, as Staff Associate of the National Society for the Prevention of Blindness, she was instrumental in developing a technique by which accurate measurement of visual acuity in children as young as three years of age can be obtained, and in demonstrating this new idea lasting impressions remained with all who witnessed Mrs. Royer's ability.

News Notes

ALBERTA

The Edmonton branch of the Public Health Section of the Alberta Association of Registered Nurses has arranged with Dr. Smith of the University for a course of twenty lectures on Psychology and Mental Hygiene which started January 5th. Invitations were extended to other groups of nurses including staff nurses in hospitals. The Committee is very pleased with the interest shown in this course.

BRITISH COLUMBIA

JUBILEE HOSPITAL, VICTORIA: At the social evening of the Alumnae Association on October 17, 1932, a fashion parade and musical programme were presented. On November 14, the members were entertained at court whist and bridge, and at the close of the evening Miss K. E. Oliver, immediate past president, was presented with a sterling silver brush. Miss Oliver's marriage to Arthur W. Aylard took place early in December. The regular business meeting of the Association was held in the Nurses' Home, on December 12. Plans for holding raffle were discussed. As the social evenings have been very successful, the Association is arranging for similar meetings in 1933.

MANITOBA

BRANDON: The Graduate Nurses Association met in regular session on December 6, 1932, at the Nurses' Home, Mental Hospital. Fifteen dollars was donated to the Citizen Welfare League, for Christmas cheer and \$5.00 to the Institute of the Blind. Dr. T. A. Pincock was the speaker of the evening, his topic being Prevention of Mental Diseases. Later Dr. Pincock conducted the members on a tour of inspection of the Women's Pavilion, a new building which opened early in December, 1932.

WINNIPEG GENERAL HOSPITAL: Miss M. Frost (1907) has left Winnipeg to reside in Kingston, Ont.

NEW BRUNSWICK

ST. STEPHEN: Miss Grace Moffat, Supt. Chipman Memorial Hospital, has returned from her vacation in Montreal. Miss Hazel Darker, Operating Room Supervisor, is spending her vacation in Sherbrooke, P.Q. and Miss Sarah Forbes (C.M.H.) is in charge of that department during her absence. Sincerest sympathy is extended to Miss Inez Holt, in the sudden death of her mother during the Christmas season.

ONTARIO

DISTRICT 2 AND 3

VICTORIA HOSPITAL, LONDON: The regular monthly meeting of the Alumnae Association

which was held at the Gartshore Residence on January 3rd was marked by a very special feature—the presentation to the Association of the Charter of the recently organised Benefit Fund Society. The Charter was presented by Mrs. Hedley Smith, Convener of the Committee for 1932 and was received by Miss Hilda Stuart, Honorary President, of the Association and Superintendent of Nurses, Victoria Hospital. In accepting the Charter Miss Stuart expressed the appreciation of the Alumnae members to Mrs. Smith and her Committee for their efforts in bringing this work to a successful completion, and the thanks of all nurses who will receive benefits through the Mutual Benefit Society. Greetings and wishes for success were expressed by the Rev. Mr. Young, Dundas Centre United Church and by St. Joseph's Hospital Alumnae Association, through their President, Miss Connelly.

BRANTFORD: Keen interest is being shown in the Home Nursing Classes being conducted by the Brantford Branch of the Canadian Red Cross Society. Several classes are now in progress; the teachers are: Miss Hazel Diamond, Brantford General Hospital, and Miss H. Kerr, V.O.N. It is expected that two or more classes will start in the very near future. Lectures will be given by the doctors and will include:—Emergencies, Dr. R. W. Knight; Communicable Diseases, Dr. W. L. Hutton, M.O.H.; and Infant Care, Dr. G. W. Harris.

BRANTFORD GENERAL HOSPITAL: Miss Aileen Mair, (1926) of Brooklyn, N.Y., and Miss Florence Westbrook, (1921), of University of Michigan Hospital, Ann Arbor, spent the Christmas season in Brantford. Miss Alberta Bartley, (1922) was a recent visitor in Brantford. Miss E. M. McKee, Superintendent, Brantford General Hospital, was a New Year's visitor at her home Knowlton, Que. The Florence Nightingale Association met at the Brantford General Hospital, December 5, to make favours for the patient's trays. Following the meeting, refreshments were served by Miss McKee assisted by Misses J. M. Wilson and C. E. Jackson.

The monthly meeting of the Alumnae Association was held in the Nurses' Residence on December 6th. Miss K. Charnley presided. The guest speaker of the evening, Dr. R. W. Knight, gave a very interesting address on Indigestion. At the close of the meeting a social hour was spent.

GUELPH: The Kaufman Nurses' Residence at the Kitchener and Waterloo Hospital was the scene of a delightful event when the Kitchener Ladies' Auxiliary of the Hospital entertained there at a Christmas dance for the nurses-in-training. Mrs. C. D. Welch and Miss K. Scott received the guests. Mrs.

James Jaimet was the general convener of the event, assisted by Mrs. A. L. Campbell, Mrs. R. D. Morrison and Mrs. J. L. Holtze.

An unusual event took place at the Kaufman Nurses' Residence, Kitchener and Waterloo Hospital, when photographs of the donors of the institution, Mrs. Kaufman and the late Jacob Kaufman, were presented to the Residence, Mr A. R. Kaufman making the presentation. A large number of local citizens interested in the development of the Hospital were in attendance for the happy occasion. Dr. J. H. Honsberger gave an address on the history of the Hospital in Kitchener. At the conclusion of the addresses refreshments were served by he nurses.

STRATFORD GENERAL HOSPITAL: A full attendance greeted Miss E. Brown, missionary nurse, when she addressed the members of the Alumnae Association, on her work at the hospital at Chissambi, in Angola, West Africa. Interesting slides were shown by the speaker which made it an evening to be remembered. Refreshments and a social hour closed the meeting.

DISTRICT 4

ST. JOSEPH'S HOSPITAL: The Alumnae Association met on December 1, 1932, Miss A. Quinn presiding. Reports were given and officers for the year 1933 elected. A vote of thanks was tendered to the retiring officers. The Association reports with pleasure that Miss Anne Reid has sufficiently recovered to be dismissed from the Sanatorium. A very largely attended charity bridge and euchre party was held at Undermount on November 21st under the convenship of Miss Louise McIlhorne. Prizes were presented and a dainty luncheon served.

DISTRICT 5

GRACE HOSPITAL, TORONTO: The usual work of providing some Christmas relief was undertaken again by the Grace Hospital Alumnae Association. This year twelve needy families, consisting of seventy-seven people, were secured through the Neighbourhood Workers. Personal gifts were provided for each individual in addition to the well-filled baskets.

At the regular monthly meetings of the Grace Hospital Alumnae Association since the opening of the season the following speakers addressed the meetings:—

OCTOBER, Miss Alberta Bell gave an excellent report of the Biennial Meeting of the Canadian Nurses Association in St. John.

NOVEMBER, Dr. Dennis Jordan gave a lecture on Post-Operative Treatment and showed interesting pictures of his recent visit in Europe.

DECEMBER, Mrs. C. J. Currie read a paper on Mission Work in India.

JANUARY, Dr. Cameron A. Warren lectured on Community Health Problems.

The nurses greatly appreciate having these addresses and it is found that the attendance is stimulated by having such out-standing speakers.

The February meeting will be a social one and will take the form of a Bridge.

TORONTO GENERAL HOSPITAL: Among those present at the annual dinner of Class 1916 were Mrs. Aldred, Mrs. Livingstone, Mrs. McNaught, Mrs. Moorehead, Mrs. Angus Mackay, Mrs. Carpenter, Mrs. McLean, Mrs. Delaporte, Mrs. Witherspoon, Mrs. Mountain, Mrs. Wagg, Misses Castle, Murray, Seale, Law, Moon, Charles, Agar, Matheson and Squires. Mrs. Carpenter is the new president, succeeding Mrs. Clarke, who has moved to Peterborough, and Miss Seale continues as treasurer. Fifteen dollars was voted toward the Star Santa Claus Fund.

ST. MICHAEL'S HOSPITAL, TORONTO: Miss Elizabeth McGauley, who completed a post-graduate course in obstetrics has been appointed to the staff of the Hospital.

WOMEN'S COLLEGE HOSPITAL, TORONTO: The final meeting of the Alumnae Association for 1932 was held at the Clinic House where, after a short business session, Miss Margaret Gould, representing the Local Council of Women, gave an address in which she urged the nurses, when qualified, to register for the municipal vote. She proved in a convincing way that elections should be held the beginning of December as New Year's Day is one on which the voter and home maker wishes to dispense hospitality at home; also the budget could be completed at the end of January instead of on March first. Miss Gould pointed out that health conditions could be improved if more consideration was given that subject.

Owing to the absence of the President, the January meeting was conducted by the Vice-President and took the form of a social hour during which several members gave talks on continental travel. The many friends of Miss Blair will be pleased to learn that she is making an excellent recovery following a recent operation.

DISTRICT 6

The annual meeting of Chapter 3, District 6, R.N.A.O. was held at Nicholl's Hospital Residence, November 29, with Miss Dixon in chair. Nine meetings have been held during the year 1932, and were well attended, indicating a lively interest in the progress of the Chapter. The Chapter is open to all registered nurses, who are members of the R.N.A.O. Nurses who are not in active practice are eligible as guest members. The members of the R.N.A.O. attached to the Chapter in Peterboro are 14, guest members 19. At the meetings, the important part of the pro-

gramme has been the study of the various Chapters of the Survey Report. Reports from the different committees were heard, and a very satisfactory report from Chapter C (Lindsay). A social hour brought the meeting to a close.

PETERBORO: The Nicholls Hospital Alumnae Association held their annual banquet, in the Empress Hotel, on December 14, being attended by many out of town graduates. The guest speaker for the evening, Dr. Hammond, gave an interesting talk on "The Medical Men of the Early Days of Peterboro". After the toasts, the guests spent the remainder of the evening playing bridge.

It is with deep regret we record the death of one of our members, Miss Lillian Simons, whose sudden passing on the afternoon of December 24, was a great shock to her many friends in Peterboro. Miss Simons will be greatly missed in local nursing circles as she took a most keen interest in all nursing problems. She has served a number of terms most efficiently as Secretary-treasurer of District No. 6. Miss Simons was a graduate of St. Mary's Hospital, Rochester, N.Y.

QUEBEC

JEFFREY HALE'S HOSPITAL, QUEBEC: The annual Christmas tree of the Jeffrey Hale's

Hospital, was held in the Nurses' Residence, on December 21st. There was a large attendance of patients, hospital staff, graduates and friends of the institution. Following the programme of entertainment, which included Santa and his pack of gifts and candies for all, dancing and refreshments were enjoyed. Miss Ethel Douglas, Supervisor of the "Douglas Wing" who has been a patient in the Hospital for some time, is improving. During her illness her position has been filled by Miss Riglar. The sympathy of the Association is extended to the Misses Effie, Mildred and Doris Jack in the loss of their mother, also, to Miss Gladys Weary in the loss of her mother.

THE MONTREAL GENERAL HOSPITAL: Miss Bessie M. MacMurchy, a graduate of the Training School, left in September, 1932, to enter the Bhil field in India as a missionary nurse.

SASKATCHEWAN

GREY NUNS' HOSPITAL, REGINA: The December meeting of the Alumnae Association was held at the home of Mrs. Fyfe. There was a good attendance and reports from all committees were given. Nominations for 1933 officers were presented.

BIRTHS, MARRIAGES AND DEATHS

BIRTHS

ADAMS—Recently, to Dr. and Mrs. Adam, Cabri, Sask. (Demarni Riche, Grey Nuns' Hospital, Regina, 1923), a daughter.

BOWLES—On November 26, 1932, to Mr. and Mrs. Louis Bowles (Marie Robbins, St. Michael's Hospital, Toronto, 1924), a son.

BURGAR—In December, 1932, to Mr. and Mrs. Bugar (Ada Kennedy, Toronto General Hospital, 1918), a son.

BURGESS—On December 21, 1932, at Victoria, B.C. to Mr. and Mrs. E. H. Burgess (Dorothy Head, Jubilee Hospital, Victoria, 1927), a daughter.

CAMERON—Recently, to Mr. and Mrs. Cameron (Miss Gahl, Grey Nuns' Hospital, Regina, 1931), a daughter.

CURRY—On November 9, 1932, at Victoria, B.C., to Mr. and Mrs. H. Curry (Marjorie Morrison, Jubilee Hospital, Victoria, 1928), a son.

DEACOFF—On November 26, 1932, at Toronto, to Mr. and Mrs. James M. Deacoff (Helen Christina Thurlow, Grace Hospital, Toronto, 1927), a daughter, (Marylyn).

GUNN—On December 7, 1932, at Fort Francis, Ont., to Dr. and Mrs. Lynn Gunn (Melrose King, Winnipeg General Hospital, 1925), a son.

HAMILTON—On January 2, 1933, at Davenport, Iowa, to Mr. and Mrs. J. Hamilton (Helen Gugin, Winnipeg General Hospital, 1929), a son.

JOHNSON—Recently, at Vancouver, B.C., to Dr. and Mrs. A. Johnson (Kathleen Walsh, Grey Nuns' Hospital, Regina, 1920), a daughter.

KEYS—Recently, at Regina, Sask., to Mr. and Mrs. Thos. Keys, (Mary Anderson, Grey Nuns' Hospital, Regina, 1929), a daughter.

LAMBERTUS—On November 15, 1932, at Cargill, Ont., to Mr. and Mrs. Gordon Lambertus (Adelaide Commerford, St. Joseph's Hospital, Hamilton), a son.

LESTER—On October 15, 1932, at Guelph, Ont., to Mr. and Mrs. Clarence Lester (Laura Byrne, St. Joseph's Hospital, Hamilton), a daughter.

MacCANN—On August 26, 1932, to Mr. and Mrs. Angus MacCann (M. Brocklebank, Wellesley Hospital, Toronto, 1925), a daughter.

McCOLLUM—On November 9, 1932, to Mr. and Mrs. Fred McCollum (K. Blair, Wellesley Hospital, Toronto, 1926), a son.

McEACHREN—On August 9, 1932, to Mr. and Mrs. R. S. McEachren (Florence Cluff, Montreal General Hospital, 1923), a daughter.

McGEE—In July, at Toronto, Ont. to Mr. and Mrs. Murray McGee (Ruth Devlin, St. Michael's Hospital, Toronto, 1930), a daughter.

METCALFE—In December, 1932, to Mr. and Mrs. Metcalfe (Harriet Towne, Toronto General Hospital, 1921), a son.

RATHBONE—On November 12, 1932, to Mr. and Mrs. Walter Rathbone (E. Hanna, Wellesley Hospital, Toronto, 1923), twin sons.

WALLIS—On October 31, 1932, at Shanghai, China, to Mr. and Mrs. P. R. M. Wallis (Jean Paterson, Jubilee Hospital, Victoria, 1927), a son.

WRIGHT—On June 4, 1932, to Mr. and Mrs. Leslie Wright (Ellie Henrikson, Montreal General Hospital), a son.

MARRIAGES

AMOS—PARMENTER—On June 6, 1932, at Montreal, P.Q., Helen Parmenter (Montreal General Hospital, 1924) to Pierre Chas. Amos.

AUCKLAND—JACKSON—On November 14, 1932, at Toronto, Ont., Ruth Jackson (Wellesley Hospital, Toronto, 1925) to Ernest Auckland, Speers, Sask.

AYLARD—OLIVER—On December 19, 1932, at Victoria, B.C., K. Elsie Oliver (Jubilee Hospital, Victoria, 1928) to Arthur W. Aylard, of Sidney, Vancouver Island, B.C.

BAUMGARTNER—MESSMORE—On October 3, 1932, at Clifton Springs, N.Y., Margaret Messmore (Instructors and Administrators Course, University of Toronto, 1932) to Dr. E. A. Baumgartner, of Clifton Springs, N.Y.

BELL—EASTWOOD—On December 12, 1932, at Toronto, Ont., Kathleen Eastwood (St. Andrews Hospital, Midland, 1931) to Sam Bell, of Midland, Ont.

CAREW—CONRAD—On August 31, 1932, Christina A. Conrad (Montreal General Hospital) to Maurice C. Carew.

CARTER—WARREN—In November, 1932, at Victoria, B.C., Helen Warren (Jubilee Hospital, Victoria, 1930), to Clement Carter, of Port Haney, B.C.

COX—METHERAL—On December 30, 1932, at Crossfield, Alberta, Greta Metheral

CAMERON—McDONALD—On December 21, 1932, at Toronto, Frances Myrtle McDonald (Grace Hospital, Toronto, 1919), to Dr. Gordon C. Cameron, Toronto. (Royal Alexander Hospital, Edmonton, 1929) to George J. Cox, of Edmonton, Alta.

DALY—BOND—On August 6, 1932, at Toronto, Ont., Cecilia Loretta Bond (St. Michael's Hospital, Toronto, 1932) to Maurice James Daly.

DUFOR—LANE—On November 29, 1932, at Hamilton, Ont., Kathleen Lane (St. Joseph's Hospital, Hamilton) to V. DuFor, Hamilton, Ont.

FESSENDEN—STEELE—In May, 1932, Clara Martha (Queenie) Steele, Black Cape, P.Q., (Montreal General Hospital, 1924) to Clifford C. Fessenden.

FITCH—BROWN—In September, 1932, at Vancouver, B.C., Vera Brown (Jubilee Hospital, Victoria, 1929) to Herbert Fitch, of Seattle, Washington.

GARRISON—WATSON—On June 20, 1932, at Brantford, Ont., Helen Watson (Montreal General Hospital) to Lieutenant Flint Garrison, U.S.A. Air Corps, Detroit, Mich.

HICKEY—KNOWLTON—On June 1, 1932, Toronto, Ont., Adele Marie Knowlton, (St. Michael's Hospital, Toronto, 1929) to Leo Joseph Hickey.

HUNTER—COLE—On November 10, 1932, Cora Margaret Cole (Grace Hospital, Toronto, 1923), to Vernon Hunter, Cavan, Ont.

KILLINGSWORTH—RUSSELL—On July 12, 1932, at Toronto, Ont., Edith Claire Russell (St. Michael's Hospital, Toronto, 1929) to Edward Killingsworth.

LESTER—CANDLISH—On August 11, 1932, at Montreal, P.Q., Thelma C. Candlish (Montreal General Hospital) to Rev. Harold G. Lester, B.A., B.D.

LITTLE—MONTAGUE—On November 5, 1932, at Victoria, B.C., Bertha M. Montague (Jubilee Hospital, Victoria, 1928) to Thomas M. Little, of Victoria, B.C.

LOWE—CLARKSON—On October 25, 1932, at Victoria, B.C., Alice Clarkson (Jubilee Hospital, Victoria, 1929) to Benjamin Lowe, of Port Alberni, B.C.

MAUNDER—BRASS—On October 15, 1932, at Lindsay, Ont., Ola Mary Arline Brass (Grace Hospital, Toronto, 1930), to Clifford Leigh Maunder, Lindsay, Ont.

SMITH—COLE—On December 10, 1932, at Niagara on the Lake, Ont., Evelyn Cole (Wellesley Hospital, Toronto, 1925) to H. L. Smith, D.D.S., of Toronto, Ont.

STANBRIDGE—HARCUS—On December 10, 1932, at Stonewall, Man., Jessie Harcus (Winnipeg General Hospital, 1931) to James Stanbridge.

THURESSON—ALGIE—On November 22, 1932, Jessie Algie (Toronto General Hospital, 1921) to Henderson Thuresson.

TUCK—WRIGHT—In November, 1932, Rhea Wright (Toronto General Hospital) to Mr. Tuck.

WASHINGTON—ARNOLD—On January 3, 1933, at Wadena, Sask., Bertha Arnold (Winnipeg General Hospital, 1925) to Dr. L. A. Washington.

WIGHT—SMITH—On December 31, 1932, at Lachute, P.Q., Blanche Janet Smith (Montreal General Hospital) to Ralph Albert Walter Wight.

WRIGHT—FRASER—At Glensamfield, Ont., Sarabel Fraser (Montreal General Hospital) to Dr. Chas. Burton Wright, Calgary, Alta.

DEATHS

GRIFFITHS—On August 23, 1932, at her late residence, 4552 Oxford Ave., Notre Dame de Grace, Montreal, P.Q., Helen Grace Pyke (Montreal General Hospital, 1915), beloved wife of Evan P. Griffiths.

SIMONS—On December 24, 1932, at Peter-

boro, Ont., Lillian Simons (St. Mary's Hospital, Rochester, N.Y.).

SUNLEY—On December 25, 1932, at Rochester, New York, Ida M. Sunley (Rochester General Hospital), beloved daughter of Mrs. Elizabeth Sunley and the late James B. Sunley, of Toronto, Ont.

THE IDEAL NURSE

The Ideal Nurse must be healthy in both mind and body. She must be absolutely loyal to the Profession as a whole; and to her patients. Obedience is one of the essential qualities; she must always obey orders and be reliable, thus gaining the confidence of patients, friends, doctors and instructors. She must have the ability to adjust herself to new situations, be ready for emergencies, and be capable of handling people well.

She must possess the true spirit of service to humanity and the spirit of love which overcomes all difficulties.

She must be skilful with her hands; her touch, gentle but firm. She must express herself accurately and concisely, either in writing or verbally. She must have a good memory, which may be cultivated by close interest and attention. Her sense of sight, hearing, smell, taste and touch must at all times be alert and accurate. Her nerves must be steady and controlled. She must

have good foresight, initiative, judgment and common sense.

The Ideal Nurse is one who can manage several things successfully at once and keep things running smoothly. The Ideal Nurse is cheerful and optimistic but not frivolous. She possesses a spirit of appreciation of work well done; of the science of nursing and of the progress and recovery of a patient. She gives the same care to all patients, regardless of sex, race, creed, friends or enemies.

She is ready at all times to give her services. She is keenly interested in nursing and medical work. She does all her work faithfully and well, whether the task be menial or otherwise, and thus tries to make the most of her life in her service to humanity.

A probationer in the School of Nursing of the Victoria Hospital, London, Ontario, is responsible for this admirably phrased concept of nursing. The younger generation kindles a new torch from an ancient flame.

THE CANADIAN NURSES ASSOCIATION CONGRESS TOUR

Recently an attractively illustrated booklet relative to the Canadian Nurses Association Congress Tour was issued by Thos. Cook and Son, who are the Official Travel Agents for the Canadian Nurses Association in making travel arrangements for nurses from Canada to the International Council of Nurses' Congress.

Dates of the Congress: Paris, July 10-12; Brussels, July 13-15, 1933.

Sailings from Canada can be made on any Canadian Pacific steamship. Members joining the Main Tour will sail on the Empress of Britain from Quebec City on July 1st. This is a 21-day tour and allows for four days in London following the close of the Congress. The cost is \$267.00. Other convenient sailings are: (1) The Montrose, from Montreal, on June 21st, and (2) the Empress of Australia, from Quebec, on June 28th.

Among tours included in the illustrated booklet are:

1. France, Belgium, Germany, the Rhine and Switzerland, 35 days—\$341.00.

2. Number 1, with England included—\$371.00.

3. Number 2, with extension to the Italian lakes, French Riviera and through the Alps, 47 days—\$437.00.

4. France, Belgium, Germany, the Rhine, Czecho-Slovakia, Austria and Switzerland, 47 days—\$506.00.

5. France, the Chateau Country, Paris, Belgium, England, 38 days—\$318.00.

Further information for these tours and several others can be obtained from Thos. Cook and Son. Branch offices in Canada: 1455 Union Avenue, Montreal, P.Q.; 65 Yonge Street, Toronto, Ont.; 554 Granville Street, Vancouver, B.C. See also *The Canadian Nurse*, December, 1932, and January, 1933.

Immediately following the Congress of the International Council of Nurses, the Dutch Nurses' Association (Nationale Bond van Verplegenden) are arranging a trip through Eastern Holland to last about one week, the cost of which will be about 75 guilders — approximately \$30.00. Details of this trip are not yet available, but the Province of Drente will be visited, and the excursions will be arranged so that they are interesting from the professional as well as from the sight-seeing point of view. Those wishing to take this trip, or that from July 4th to 8th, are asked to communicate as soon as possible with the Nationale Bond van Verplegenden, Roemer Visscherstract 1, Amsterdam W.

To those fortunate travelers who intend to explore Holland, the article published on page 68 of this issue will serve as a practical guide. Those who must stay at home will read it with interest because of the charming glimpse it gives of Dutch hospitals and Dutch nursing.

Official Directory

INTERNATIONAL COUNCIL OF NURSES

Secretary.....Miss Christiane Reimann, Headquarters: 14 Quai des Eaux-Vives, Geneva, Switzerland.

EXECUTIVE COMMITTEE, CANADIAN NURSES ASSOCIATION

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British Columbia: 1 Miss M. P. Campbell, 516 Vancouver Block, Vancouver; 2 Miss M. F. Gray, Dept. of Nursing, University of British Columbia, Vancouver; 3 Miss M. Kerr, 946 20th Ave. West, Vancouver, B.C.; 4 Miss E. Franks, Ste. 5, Tudor Manor, 1035 Fairfield Rd., Victoria, B.C.

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Nova Scotia: 1 Miss Anne Slattery, Box 173, Windsor, N.S.; 2 Miss Elizabeth O. R. Browne, Red Cross Office, 612 Dennis Bldg., Halifax; 3 Miss A. Edith Fenton, Dalhousie Health Clinic, Morris St., Halifax; 4 Miss Jean S. Trivett, 71 Cobourg Road, Halifax.

Executive Secretary.....Miss Jean S. Wilson.

National Office, 1411 Crescent Street, Montreal, Que.

- 1—President Provincial Association of Nurses.
- 2—Chairman Nursing Education Section.

- 3—Chairman Public Health Section.
- 4—Chairman Private Duty Section.

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CHAIRMAN: Miss G. M. Fairley, Vancouver General Hospital, Vancouver; **VICE-CHAIRMAN:** Miss M. F. Gray, University of British Columbia, Vancouver; **SECRETARY:** Miss E. F. Upton, Suite 221, 1396 St. Catherine St. West, Montreal; **TREASURER:** Miss M. Blanche Anderson, Ottawa Civic Hospital, Ottawa, Ont.

COUNCILLORS.—**Alberta:** Miss J. Connal, General Hospital, Calgary. **British Columbia:** Miss M. F. Gray, University of British Columbia, Vancouver. **Manitoba:** Miss M. S. Fraser, Nurses Home, Winnipeg General Hospital. **New Brunswick:** Sister Corinne Kerr, Hotel Dieu, Campbellton. **Nova Scotia:** Miss Elizabeth O. R. Browne, Red Cross Office, 612 Dennis Bldg., Halifax. **Ontario:** Miss Constance Brewster, General Hospital, Hamilton. **Prince Edward Island:** Miss M. Lavers, Prince Co. Hospital, Summerside. **Quebec:** Miss Flora A. George, Woman's General Hospital, Westmount, P.Q. **Saskatchewan:** Miss G. M. Watson, City Hospital, Saskatoon.

CONVENER OF PUBLICATIONS: Miss Mildred Reid, Winnipeg General Hospital, Winnipeg, Man.

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Ontario: 1 Miss Mary Millman, 126 Pape Ave., Toronto; 2 Miss Constance Brewster, General Hospital, Hamilton; 3 Miss Clara Vale, 75 Huntley St., Toronto; 4 Miss Clara Brown, 23 Kendal Ave., Toronto.

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Quebec: 1 Miss M. K. Holt, Montreal General Hospital, Montreal; 2 Miss Flora A. George, The Woman's General Hospital, Westmount; 3 Miss Marion Nash, 1246 Bishop Street, Montreal; 4 Miss Sara Matheson, Haddon Hall Apts., 2151 Lincoln Ave., Montreal.

Saskatchewan: 1 Miss Elizabeth Smith, Normal School, Moose Jaw; 2 Miss G. M. Watson, City Hospital, Saskatoon; 3 Mrs. E. M. Feeny, Dept. of Public Health, Parliament Building, Regina; 4 Miss M. R. Chisholm, 805 7th Ave. N., Saskatoon.

ADDITIONAL MEMBERS TO EXECUTIVE (Chairmen National Sections)

NURSING EDUCATION: Miss G. M. Fairley, Vancouver General Hospital, Vancouver, B.C.; **PUBLIC HEALTH:** Miss M. Moag, 1246 Bishop St., Montreal, P.Q.; **PRIVATE DUTY:** Miss Isabel MacIntosh, 281 Park St. S., Hamilton, Ont.

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CONVENER OF PUBLICATIONS: Miss Clara Brown, 23 Kendal Ave., Toronto, Ont.

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FLORENCE H. M. EMMORY, President, Canadian Nurses Association

With this issue, *The Canadian Nurse* comes to the footlights and bows to its readers in a new uniform: and a blue one at that! Significant as is this new dress, of greater moment is the professional progress reflected in this change. For long enough the profession in Canada has dreamed of the day when, with the appointment of a full-time Editor for the *Journal*, its problems and successes might have a broader interpretation through the pages of its official organ. Recently, the national executive has been privileged to announce that appointment and, with this issue, conveys to the Editor and Business Manager its warmest felicitations and good wishes.

The past few months have constituted a strenuous time at the national office. With dexterity and dispatch the Executive Secretary negotiated the change of office location, and now that the Editor has come, the staff at headquarters is ready to serve the profession more fully than was possible heretofore. The National Association (and its federated units) has pledged its fullest support of the new project. The publications committee, too, composed of Miss Jean E. Browne, the Editor and Business Manager, and the President of the Canadian Nurses Association, stands ready to act, in an advisory capacity, in matters relative to the magazine.

But this, in itself, is not enough. With the national group, and its publications committee, must be associated every member of the organisation if success is to emerge. For of what avail is the avowed support of groups, if that of the individuals which compose those

groups is withheld? How can you assist? Subscribe to the *Journal*; yes, even in these times, which are difficult. Only through generous and general support can the *Journal* serve the profession as it wishes to do. But ever so many subscribers alone will not suffice. Provincial units, through their publication committees, should arrange with individual members, to send on to the Editor, original contributions which are worthy of publication. A professional organ cannot exceed in usefulness the spirit of adventure and of research displayed by its members.

Are you a private duty nurse? Why not send to the Editor an account of a new way of adapting some accepted nursing procedure to home needs: one which is your own and which experience has proven helpful? Or are you in the public health nursing field? What about that new way of planning the day's work, or of interesting a new community group? Did you have unusual success in persuading a grade teacher to help you in some phase of your work? Perhaps you are engaged in hospital nursing, and have done something of an experimental nature along a line which claims your special interest. Why not tell the Editor about it? We are no bigger than the distinctive, creative work we do; in the final analysis, that determines professional growth. Develop, then, that individuality which is yours by attempting to do an original thing in an original way and write the Editor about it. Think it over!

And so we welcome the new Editor, and the *Journal* in a new uniform, and again pledge our heartiest support of the new enterprise.

IN BOTH LANGUAGES

Elsewhere in the *Journal* will be found an official and authoritative account of the Annual Meeting of the Registered Nurses Association of the Province of Quebec, which is worth reading for more reasons than one. Two things emerge quite sharply; first, that thanks to intelligent leadership, professional organization has gone far in this province; and second, that Canada in general, and Quebec in particular, is bi-lingual. The phrase "in both languages" recurs again and again, and gives that distinctive coloring to the report which was plainly apparent at the meetings themselves.

In some respects, this bi-lingualism is a complication, since some in each group must listen, in turn, to a foreign tongue, but for those who have a knowledge of both languages, the interest is greatly heightened. The impact of the contrasting mentalities sheds new light on old problems, and the play of keen French wit and irony heightens the values of British restraint and directness.

Mention was made of the important contribution to the cause of nursing education in Canada which has been brought about by the publication, under the auspices of the Association, of an excellent synopsis in French, of the principal findings and recommendations of the Survey, (*Résumé du Rapport de L'Enquete*) which gives, with true French clarity and logic, the gist of the larger volume. This Ré-

sumé is the joint work of Dr. A. T. Bazin and Dr. J. A. Badouin, and should be read by every French-speaking nurse in Canada. Copies may be obtained from the Registrar of the Quebec Registered Nurses Association at a cost of fifty cents each.

M. Edouard Montpetit, General Secretary of the University of Montreal, in his address on *The Social Point of View in Nursing*, urged that the two nursing groups try to learn from one another, while at the same time preserving their own integrity and identity. Taking the public health nurses' bag as a symbol of a nurse's total equipment, he suggested, with a lightness of touch which defies this clumsy translation, that the nurse's most important possession is that sense of social values without which even nursing itself is mechanical and dull.

One thing is certain: the nurses of the Province of Quebec realize quite clearly that, if they are to get along with one another, and co-operate for the benefit of all, they must somehow speak, and listen, in two languages. Such a compromise makes for mutual tolerance and patience, even when both languages are not understood. When a knowledge of the languages permits, there is a vitalization of thought which may some day make itself felt, throughout the whole national nursing group, with results that cannot fail to be of lasting benefit to the profession in Canada.



THE SOCIALIZATION OF MEDICINE

GRANT FLEMING, M.D., Professor of Public Health, McGill University, Montreal.

If we agree that it is desirable that everyone receive the full advantages of curative and preventive medicine—and this, I think, may be presumed—we are then naturally interested in the means whereby this desirable end may be attained. It was upon this presumption that the subject for this address was selected. The socialization of medical services means bringing to every member of the community all the potentialities of curative and preventive medicine, irrespective of conditions of payment. By medical services we mean all those services contributed by professional workers in the treatment or prevention of disease.

The provision of medical services has developed along individualistic lines. The practitioner of medicine has selected the location where he will practise, and the individual citizen has sought medical service when, and from whom, he desired it. We are fully aware of the fact that medical science has developed rapidly during the past century, with the result that, in our day, medicine has much more to offer in the way of treatment and prevention than in the past. Medicine is proud to claim that its practitioners have ever been ready to give gratuitous assistance to those who are in need.

With increased knowledge, there are growing possibilities and, at the same time, added responsibilities. A glance at our mortality tables shows that large numbers continue to suffer and die from diseases which could be prevented. Indeed, our most urgent problem today is to secure a wider and

fuller use of the knowledge which we possess.

Research is certainly needed, because our knowledge is little in comparison with our ignorance. But it is well for us to remind ourselves that, unless knowledge is applied, it does not bring results in the cure or prevention of disease. To cure or to prevent disease is not our whole objective. We hope to attain a greater degree of national health by giving an opportunity to each individual to develop fully the mental and physical capacities with which he is born.

Previous to the time of Queen Elizabeth, in England, those who were in need, were dependent upon their relatives, friends, and the religious communities for relief. The Reformation so disorganized the work of the religious communities that the state had to intervene, and the Poor Laws were passed. These laws provided that those who were without the necessities of life should be relieved out of public funds; this relief included medical care. During the reign of Queen Victoria, another step was taken when it was accepted, as a governmental policy, that the care of the public health is a state responsibility. The state assumed responsibility for the protection of its citizens from disease, through organized public health services. Every civilized country accepts the principle that no one should die from the lack of food, shelter or clothing, or suffer from disease which it is possible to prevent on a community basis.

There exists, at the present time, an insistent and persistent demand that some change be made in the provision of curative medical serv-

(Read at the Annual Meeting of The Association of Registered Nurses of the Province of Quebec, January 31st, 1933.)

ices, in order that such services may be available to all, on some more equitable and satisfactory basis than that prevailing at present. This demand is not made as a criticism of medicine; it is rather the very reverse, because it signifies a desire to share more fully in what medicine has to offer. It grows out of a desire for change in the present system of medical services.

The population falls into three groups: the poor, who receive their care gratuitously; the rich, who secure the best of care because they can afford to pay for it; the remainder, who pay for service and who, for financial reasons, usually secure the medical care they need only when they fear to do without it. Those who oppose change do so on the grounds that the present system is satisfactory and that no one really goes uncared for. They favour the present individualistic system of medical practice, and oppose any interference along the lines of state control, or what they would term state paternalism. To them, organization means the loss of incentive which they consider would do much to destroy medicine as we know it.

At this point, it might be stated that there is only one thing which is certain, and that is that we are not going to stand still; changes will take place. Before discussing what changes are to be effected, I should like to refer to what has already occurred, because, in general, we scarcely realize how far we have already gone in the socialization of medicine. If we begin with the education of the professional workers, and take as an example the medical practitioner, we find that he paid but a small part of the cost of his education. Public and private funds are used to build and maintain medical schools. In other words, the state makes a very definite contribution to the cost of the education of the

professional workers. Is it going too far to suggest that the state, in view of this fact, should consider the need for such workers and exercise some reasonable control on the numbers admitted to the professional schools?

Hospitals, in their early days, were used by the poor only. Today, the hospital is used by all. This change has come about because, practically speaking, certain types of care and treatment are almost limited to the hospital. An X-ray equipment cannot be readily moved from place to place, and the operating-room, with its accessory equipment, cannot be duplicated in the patient's home. Undoubtedly too, certain medical and obstetrical cases are best cared for in hospital.

Public and private monies have been used to build hospitals, and out of public funds, grants are made and allowance given for the maintenance of indigent cases. The public has a considerable investment in hospitals that are given to ensure that hospital facilities will be available, presumably for all, when needed. Some Canadian communities have gone a step farther, and we find municipal hospitals owned and operated by the municipality. Again, in other places in Canada, a special hospital tax is levied. The institutional care of those who are mentally ill is, in all provinces except Quebec, provided in mental hospitals that are owned and operated by the provinces. Here we have real state medicine, for the members of the staffs are full-time government employees.

As public health developed, it soon passed from the stage of being interested solely in environmental factors, and, thanks to the fundamental discoveries of Pasteur, it was enabled to attack the problem of the communicable diseases. In order to control communicable diseases, it is necessary to have, at least in the larger cen-

tres of population, facilities for the hospitalization of some cases. So it is that we find communicable disease hospitals maintained directly or indirectly by the health departments out of public funds. These hospitals are a community enterprise, provided not so much for the care of the patient as for the protection of the whole community.

It was long held that there was a definite line which could be drawn between preventive and curative medicine. This line has not held; we know that the two cannot be separated. Early diagnosis and treatment are essentially preventive, and in dealing with the venereal diseases, it is our main hope to prevent further spread by rendering cases non-infectious through early treatment. That is why public money has been expended to organize clinics for diagnosis and treatment so that this service might be available to all.

It is generally accepted that the state, through its health organization, should provide for the treatment of mental diseases, communicable diseases, including tuberculosis, and the venereal diseases. Just how completely this is done varies from place to place, but in general it may be said that medical service for these conditions has gone far towards socialization. Recently a good deal of attention has been focused on cancer, and there is a general tendency for governments to undertake the provision of diagnostic clinics, with centres for radium and other treatment.

The field of private practice has been invaded by the Workmen's Compensation Acts. Under these Acts, the injured workman receives medical care, which is paid for out of a fund contributed by employers, according to a schedule of fees which have the force of

law. The old right of the physician to arrange his fee privately with his patient is lost in cases coming under the Workmen's Compensation Act.

The Province of Saskatchewan presents an interesting development known as the municipal physician. In that province, a number of rural municipalities have agreed to tax themselves in order to provide the money required to employ a physician to dwell in their area and provide the residents with medical services. The physician becomes an employee of the municipality, and his services are available to all, under certain regulations.

Organized nursing services by graduate nurses, on a visit basis, is available to one-third of the population of Canada through the local branches of the Victorian Order of Nurses. These, along with laboratory services and the provision of free biological products, are sufficient evidence of the trend which is going on towards the provision of medical services on an organized basis. When we consider that practically all of this has developed within the past fifty years, it is evident that the change is being made much more rapidly than is being realized by most of us.

An interesting question and one which is of great importance to all of us in Canada is: Along what lines will medical services tend to become more socialized in this country? A review of what has happened elsewhere should be helpful to us in arriving at an answer to this question. At the present time, there are twenty-five countries with a system of compulsory health insurance. The first in the field was Germany, under Bismarck, and the last to adopt a compulsory system was France, in 1930. The peoples of Europe, the

British Isles, Chile and Japan have accepted compulsory health insurance as a desirable method.

Health insurance is but one of the social insurances which are provided in response to the human demand for security. Social insurance is a product of the industrial age. The industrial worker is dependent for his existence upon a system over which he, individually, has no control. In addition, he, with the rest of us, faces certain happenings, such as sickness and old age, which, from an individual standpoint, are inevitable. Social insurance is always a result of low wages. The fundamental purpose in the establishment of health insurance was the relief of poverty. So it was that, in the earlier schemes, cash benefits in lieu of wages lost on account of illness constituted the major benefit. It was only later that a medical benefit was added, the purpose of which was to reduce the expenditure on cash benefits by bringing about a quicker return to work. As time has gone on and conditions have changed, the medical benefit has become the major consideration.

Health insurance varies considerably, in its details, from country to country, but essentially, it implies that the employer, the employee and the state, shall make regular contributions to a fund out of which the employee receives certain benefits when he becomes ill. It is generally agreed that the voluntary schemes are but a step to the compulsory system. This is what has happened in most countries. The Danish system is still described as voluntary, but it has so many features which are detrimental to the uninsured worker, that it is, in practice, compulsory.

In those countries where health insurance laws are operating, there is plenty of criticism of the system. There is a never-ending effort to have the law altered, but in none

of these countries is a repeal of the law suggested. The English system was investigated by a Royal Commission, which reported in 1926. In their general conclusions, they stated: "We are convinced that National Health Insurance has now become a permanent feature of the social system of this country, and should be continued on its present compulsory and contributory basis."

Of particular significance is the fact that, in 1930, The British Medical Association not only approved of the principle of health insurance, but, under the title of "Proposals for a General Medical Service for the Nation", advocated the extension of the medical benefits to include the dependents of the insured persons, and to make the medical benefits such as to embrace all forms of medical care.

Necessity is a great spur. It is not to be thought, however, that the socialization of medicine has awaited the spur provided by the depression, although the depression has undoubtedly acted as an additional stimulus to the consideration. But it was in the midst of the late lamented boom that there was formed, in the United States, a representative committee to study The Costs of Medical Care. It may be presumed then that, in the midst of apparent plenty, the costs of medical care appeared to be a problem. The Committee has recently reported. As was to be expected, considering the composition of the Committee, the report was not unanimous. The findings of this Committee are of particular interest to us because they are based on conditions which are quite similar to those we might expect to find in our own country.

In the United States, the expenditure on all forms of medical service is approximately \$30.00 per capita per annum. Of each dollar that is spent approximately \$0.30

goes to physicians, \$0.23 to hospitals, \$0.12 to dentists, and \$0.05½ to nurses. Public health receives a little over \$0.03. It was found that there is a great variation in the expenditure for medical services according to income, and that the burden of illness is distributed very unevenly. It is this uneven distribution which creates the problem, because the total expenditure is not excessive, nor is the average professional income. In 1929, one-third of all private medical practitioners were found to have a net income of less than twenty-five hundred dollars.

The majority report recommends that an all-inclusive medical service be provided by organized groups of professional workers, centred upon a hospital and called a community medical centre. The system of payment would be through insurance, or taxation, or both. Cash benefits are not recommended, but it is stated that if such are provided, they should be separate and distinct from medical service. This is in recognition of the difficulty which arises concerning certification of inability to work by the physician giving medical care, a problem which cannot be readily overcome, for, subject as it is to abuse, who is more competent to say, or who else should assume responsibility for saying whether or not the patient is fit to work?

The minority report by eight physicians and one layman states that this minority quite approves of "strengthening public health services" and "basic educational improvements" as recommended by the majority. The minority is opposed to the organized system of practice in community medical centres. These members of the Committee base their opposition on the inability to change, with advantage, into "mass production methods" medical services, which

are of the nature of a personal service. The minority, while not favouring health insurance, expresses the belief that if it is to be, it should be compulsory. State responsibility is advocated for the care of the indigent sick and injured, and it is recommended that united attempts be made to restore the general practitioner to the central place in medical practice.

Here we have two opposing views, both aiming at the same objective, but one believing that it is to be reached through organized group services, and the other equally confident that it is to be attained through individual service.

In Canada, the problem of providing adequate medical service for all has received considerable attention. Perhaps the most important action taken was the appointment of a Royal Commission on State Health Insurance and Maternity Benefits in British Columbia. This Commission, appointed in 1929, made its final report in January, 1932. I quote from the report:—

"Finally, we would say that our recommendations for the early establishment in British Columbia of a suitable compulsory health insurance plan, including maternity benefits, are the result of the members of our Commission having become thoroughly imbued with the momentous and incalculable beneficial effects which kindred schemes in the Old World are producing in alleviating for the poorer classes, the dread incubus of sick-premature mortality and raising the general standard of health among the masses. After entering upon as exhaustive a study of this problem as has been possible in the limited time at our disposal, we finish our labours and emerge from our inquiry with the following conclusions definitely established from the evidence: Without health, and the means of preserving it, the use-

fulness of human life is seriously impaired, and, apart from the unhappiness morbidity inflicts upon the individual, an indirect, but nevertheless trenchant, economical loss is imposed upon the community the moment earning power is injured. With the development, side by side with curative measures, of a sickness preventive service, an ideal system will be set up for the effectual handling of what may be properly described as the greatest benefit to mankind—the maintenance of good health. In this direction also lies the solution, in a very large measure, of the problem surrounding the present and constantly increasing unsatisfactory condition of hospital finance, which, to say the least, is an appalling spectacle in an institution so vital to the health and well-being of the public.”

This report has been widely circulated and has had a considerable influence on Canadian thought along this line.

According to newspaper accounts, the Province of Quebec Social Insurance Commission has recommended compulsory health insurance after a five-year period of development along a voluntary basis.

The question is an important one for each of us. There is nothing incompatible between the desires of the public and those of the profes-

sions. The public desires medical services from qualified professional workers, who must be adequately remunerated and work under satisfactory conditions, as otherwise, the professions will not attract desirable personnel. The professions wish to give medical services to the public, for which they expect to receive reasonable remuneration, working under satisfactory conditions. The problem is how best to bring this about. The question of costs is important because of the unequal distribution of illness. A solution will be found, and, during the period while it is being sought, we should endeavour to see the whole situation and listen to the views of those who are interested.

One thing does seem certain, because apparently all agree upon its being essential. It is that, under any plan, nursing care would be provided. It is for this reason in particular that I have addressed you on this subject, with the hope that you, as part of the organized nursing profession, will seriously consider and study the situation, because it will likely influence, in large measure, the future developments of nursing education, and the practice of nursing. We should be ready to guide with advice based upon an understanding of the situation, and ready to participate in whatever may be the final solution.

A BIRTHDAY

This is the twenty-eighth birthday of *The Canadian Nurse*. The first number of this *Journal* appeared in March, 1905, in the city of Toronto. Its Editor was Dr. Helen MacMurchy, the Associate Editors were Miss Robinson and Miss Hodgson and its Business Manager was Miss Minnie E. Christie. The frontispiece was an excellent likeness of Miss Mary Agnes



Dr. HELEN MacMURCHY

Snively, who was responsible for the leading article. The first editorial was so clear, brief and interesting as to warrant reproduction in full.

"*The Canadian Nurse* will be devoted to the interests of the nursing profession in Canada. It is the hope of its founders that this magazine may aid in uniting and up-

lifting the profession, and in keeping alive that *esprit de corps* and desire to grow better and wiser, in work and in life, which should always remain to us as a daily ideal. For the protection of the public, and for the improvement of the profession, *The Canadian Nurse* will advocate legislation to enable properly qualified nurses to be registered by law. The policy of the magazine will be directed by the Committee on Publication and the business department will be conducted on business principles."

A study of subsequent issues shows how faithfully these guiding principles were carried out. It is not, however, the purpose of this article to deal with the history of the *Journal*, but rather to tell something about the women who, through the years, have shared in its upbuilding. Its first Editor, Dr. Helen MacMurchy, might have been predicted from her ancestry. Canadian by birth, the child of Scottish parents, her father, Archibald MacMurchy, was for 42 years first mathematical master at Jarvis Street Collegiate Institute, Toronto. Later, he was Rector of the same school and also Editor of *The Canada Educational Monthly*.

In 1900, Helen MacMurchy received the degree of M.B. with first-class honours from Toronto University. This was followed by further academic achievements and by graduate study in several countries. Dr. MacMurchy has always been attracted to public welfare work and, quite early, displayed marked interest in those aspects directly associated with mental hygiene. Her book, "*The Almosts*", deals with the problem of mental deficiency, and in 1913

* See *The Canadian Nurse*, February, 1933, p. 79

she served as Inspector for the Government of Ontario in connection with the care of the feeble-minded. Another, and even a greater interest, has been her life-long pre-occupation with maternal and child welfare. Since 1920, Dr. MacMurchy has rendered sterling service to the people of Canada as Chief of the Division of Child Welfare, Dominion Ministry of Health, Ottawa — a responsible position which she still holds. The *Canadian Mothers' Book* and the series of pamphlets known affectionately as *The Little Blue Books* have become classics of their kind.

One might readily ask how, during such a crowded and useful life, Dr. MacMurchy managed to find time to edit *The Canadian Nurse*. This special activity is not even mentioned in the official list of her achievements. Yet, from 1905 to 1911, while engaged in active medical practice, she gave most generously of her time and effort toward the development of the new venture in professional journalism. On her visits to different parts of the country, she addressed meetings of nurses and kindled in them an enthusiasm which later found expression in a national consciousness of professional solidarity. The writer speaks from personal knowledge. Many years ago, she was unwillingly dragged in to a meeting of the Alumnae Association of the Winnipeg General Hospital to find, much to her surprise, that nursing had wider implications than she had dreamed. There was a magnetism about the first Editor of *The Canadian Nurse* which touched the imagination of that young nurse and of many others like her.

The cultured and scholarly mind of Dr. MacMurchy made itself felt in those early issues of the *Journal*. She constantly afforded glimpses of a world of ideas not confined

to narrow professional interests. Her conception of nursing was, and still is, both broad and sympathetic. *The Canadian Nurse* will do well to cherish the honorable tradition created by its first Editor.

In January, 1911, Miss Bella Crosby, a graduate of the School of Nursing of the Toronto General Hospital, succeeded Dr. MacMurchy and became the first nurse Editor of the *Journal*. She had previously given valuable service as Assistant Editor, and was therefore in a position to carry on effectively. Miss Minnie Christie was associated with her as Business Manager, and it is only necessary to study the bound volumes of the *Journal* from 1911 to 1916 to realise what a fine contribution was made by these two devoted women.

It has not been possible to persuade Miss Crosby to share in the preparation of this article, although both she and Miss Christie have wished the new Editor every success. Miss Crosby's editorials repeatedly stressed the need of adequate legislation governing nurse practice and education, and the writer remembers how helpful those pronouncements were, when the legislatures of the various provinces were being approached in this connection. It sometimes happens that services rendered are neither appraised at their true value, nor reward as fully as they should be, but the Editor is sure that she speaks for Canadian nurses generally, in expressing cordial appreciation of the accomplishment of Miss Crosby during her editorial term.

In 1916, Miss Helen Randal succeeded Miss Crosby as Editor and Business Manager of the *Journal*. A rich professional experience, combined with a natural gift for expression, both as a writer and a speaker, rendered it possible for

Miss Randal to make a significant contribution to the development of *The Canadian Nurse*. A graduate of the Royal Victoria Hospital, Montreal, Miss Randal served for a time as a staff nurse in that institution and later, for more than two years, practiced as a private duty nurse. No doubt it was the latter experience which gave her that keen insight into the problems of private duty which has been one of her greatest assets in dealing with nursing affairs.

Possessed of marked executive and teaching ability, Miss Randal naturally gravitated toward an administrative career. She was successively appointed Superintendent of the City Hospital, Rutland, Vermont; Superintendent of Nurses at St. Luke's Hospital, San Francisco, California; and, from 1912 to 1916, was Superintendent of Nurses at the Vancouver General Hospital.

In 1918, Miss Randal was appointed Registrar of the Graduate Nurses Association of British Columbia—a position which she still holds. In this capacity, she has rendered conspicuous service, not only to the nursing profession, but to the hospitals and to the public of the province. She has consistently striven to advance educational standards and has exercised a salutary influence over such hospital authorities as are sometimes inclined to disregard the welfare of their schools of nursing. With untiring energy, she has visited hospitals in all parts of the province, and is looked upon as a sympathetic consultant as well as a competent inspector.

At all stages of her career, Miss Randal has actively participated in the activities of professional organizations. She served as president of the Canadian Society of Superintendents of Training Schools before that group was merged with the Canadian Nurses

Association, and later was elected president of the Graduate Nurses Association of British Columbia.

Miss Randal assumed her editorial duties at an exceptionally difficult period. A large proportion of Canadian nurses were overseas on military duty. The demands of wartime were paramount and supplies of all kinds were at a premium. The difficulties of those years are well reflected in the Editor's report given at the Sixth Annual Convention of the Cana-



Miss HELEN RANDAL

dian National Association of Trained Nurses, in Montreal, in June, 1917. The President (Mrs. R. Bryce Brown), before calling upon the Editor for her report, spoke of her work as follows: "I do not know whether you realise that in taking over *The Canadian Nurse*, we did so with only one person to do the work; she was our Editor and Business Manager, secretary, stenographer, typewriter and everything else, and she has done this faithfully during the entire year."

In the Editor's report, Miss Randal quite cheerfully describes her working conditions: "We have no office equipment, not even filing cases, and have been using a typewriter which was loaned me by a friend who assured me that it was one of the earliest types-in existence. However, it has been a friend in need. A stenographer I have had to have, for some extra work that I simply could not do myself—work that is not so much the Editor's work, but business and clerical work which takes up one person's entire time and attention. I have been kept busy doing nothing else." Miss Randal still speaks appreciatively of the assistance given her by the publishing firm of Evans & Hastings, Vancouver, who printed the *Journal* with no understanding, other than a gentleman's agreement, that payment would be forthcoming, and who guided her through the intricacies of proof-reading.

The editorials written by Miss Randal were characteristic of her quality of mind: clear and trenchant, and shot through with her unflinching humour and quick sense of the ridiculous. An incisive debater, and a strong disciplinarian, there was never any manner of doubt as to what the Editor thought on any subject. In 1924, Miss Randal tendered her resignation as Editor, and the direction of the *Journal* was transferred to the National Office in Winnipeg. It is to be hoped that her alert critical faculty and her wide experience of the nursing field will continue to make themselves felt during the new phase upon which the *Journal* is now entering.

Reference has already been made to the fine record of Miss Jean S. Wilson in the dual capacity of Executive Secretary and Editor of the *Journal*. Miss Wilson is a native of Ontario, and

received her early education at Shawville Academy, in the province of Quebec. She is a graduate of the Lady Stanley Institute for Trained Nurses, which is associated with the County of Carleton General Protestant Hospital. By way of graduate study, she completed the course in administration in the School for Graduate Nurses of McGill University.

Miss Wilson has held several executive positions with conspicuous success, having served as Assistant Superintendent in the Vernon Jubi-



Miss JEAN S. WILSON

lee Hospital and in the Moose Jaw General Hospital. She was appointed Superintendent of the latter institution in 1915, a position which she held until 1920. During this period, she acted as Secretary-Treasurer and Registrar of the Saskatchewan Registered Nurses Association, an experience which was a valuable preparation for her later work in connection with the National Association.

Since 1921, Miss Wilson has served the Canadian Nurses Association successively as Treasurer

and as Executive Secretary-Treasurer. The latter position she still holds, and the Association is fortunate in having at its command the services of a nurse who has such wide knowledge of conditions in all parts of Canada, and so clear a conception of provincial and federal inter-relationships with respect to nursing.

Upon the threshold of a new chapter in the history of the *Journal*, it is but fitting that this tribute should be made to these five women, all of whom have given generously of themselves in an unselfish effort to create a Nursing Journal worthy of the Canadian Nurses Association which sponsors it.

A CORRECTION

Miss Lillian Phillips has requested the Editor to publish this supplementary note concerning an article entitled *Three Notable Nursing Careers* which appeared in the February issue of *The Canadian Nurse*. In 1895, a number of Montreal nurses organized, under the direction of Miss Mary Rodgers, a professional nurses group known as the Canadian Nurses Association. Miss Rodgers was its first President, and was succeeded

in that office by Miss Annie Colquhoun, Miss Helen Des Brisay, and the late Miss E. Baikie. In 1905, Miss Phillips was appointed Secretary, a post which she held until, in 1909, she became President. During her tenure of office, which lasted until 1927, the name of the Association was changed, by Letters Patent, issued in November, 1924, to The Montreal Graduate Nurses Association.

MANITOBA SHOWS THE WAY

The Annual Meeting of the Manitoba Association of Registered Nurses.
ELSIE J. WILSON, Reg. N.

The Annual Meeting of the Manitoba Association of Registered Nurses was held in Winnipeg on Friday, January 20th. The President of the Association, Miss Jean Houston, Reg. N., Superintendent of Nurses in the Manitoba Sanatorium, occupied the chair and, in her presidential address, spoke of the difficulties encountered by all nurses during the past year, especially by newly graduated nurses who find no outlet for their energies and ambitions because there is no work for them to do. During the year the M.A.R.N. contributed \$3,000 to provide employment for members of the Association, but the beginning of another year finds the problem of unemployment still unsolved. How to get sick people needing nursing care and nurses needing work together, is the pressing problem of today. Economic forces outside our control may eventually force changes on hospitals, nursing and medical professions. When they come, nurses should be ready to provide wise and intelligent guidance. In the changes to be made, care must be taken not to lightly cast aside precious possessions which have come to us from the early ideals of our profession. Miss Houston pointed out that we cannot leave these problems to be solved by the leaders of the profession alone but each must bear her share. While times are hard and dark they constitute a challenge to which the best in each of us should respond, and together, we should be able to provide some solution for the problems confronting us today.

Miss K. W. Ellis, Superintendent of Nurses, Winnipeg General Hospital, gave a most interesting and

thought-provoking talk on the Survey. She pointed out that the Joint Study Committee, which consists of members of the nursing and medical professions and also of various representatives of organizations among the laity, feels that the real work of studying the Survey must be done by the nurses themselves. She reminded the Association that, not only has the sum of \$28,000 been invested in the project, but that we have, courageously or foolishly, exposed all the faults and weaknesses of our profession. We therefore cannot afford to stop now, but must go ahead and offer some constructive measures to correct the faults and weaknesses which we are publishing from the housestops. The following series of questions, which are to be studied by each of the three sections, and their conclusions to be given at the next quarterly meeting of the M.A.R.N., were submitted to the Association:

1. The public requires nurses and the nurses require work. Is there a common solution to this dual problem?

2. It is being claimed at present that there are too many nurses and too much variation in the qualifications of nurses, and that the cost of nursing service is greater than many people can afford. It will be necessary to have sound arguments refuting these charges before an appeal can be made to the press or the public. How will the nurses deal with these arguments?

3. Since government health services are not likely to absorb more nurses, and hospitals are limited by the present conditions influencing bed occupancy, what efforts can be made to introduce a larger

number of nurses into the home?

4. What arguments can be brought forward in favour of: (a) Raising entrance qualifications in Schools of Nursing. (b) Raising qualifying standards of graduation.

5. What views does the Association hold regarding the creation of different grades of nurses? What protective methods would they suggest to keep them distinct?

6. What other suggestions has the Manitoba Association of Registered Nurses for the re-organization of nursing service? As the social and economic conditions of 1932 may pass very slowly, it is advisable that opinion should be based on present day conditions, rather than on those in existence at the time of the Weir Report.

The three sections of the Association reported upon their respective activities. The Nursing Education Section has studied the question of the interchange of nurses between hospitals within the province for post-graduate study. A special committee brought in a report which was adopted by the meeting and a committee was appointed to take definite action concerning its recommendations which were as follows:

1. That the plan be developed as an interchange rather than an exchange of nurses.

2. That a representative committee of three be appointed by the Manitoba Association of Registered Nurses, to deal with individual applications (preferably not those acting in the capacity of Superintendent of Nurses), endorsement by the President being required in each case.

3. That the course shall cover a period of not less than three months.

4. That a nominal salary of \$10 a month, plus transportation expenses, be paid from the funds of the Manitoba Association of Registered Nurses to nurses participat-

ing in the scheme, it being understood that the hospital in which the nurse is on duty will provide board, maintenance and a limited amount of laundry. It is recommended that payments be made by the Registrar on a monthly basis, and that the cost of transportation to the destination be advanced when the Registrar receives notification from the hospital concerned, to the effect that arrangements have been made with the applicant, to report for duty during the succeeding week.

5. That monetary assistance be given only to those who can establish convincing evidence of needing such help in order to take post-graduate work.

6. In order to give the opportunity to those who merit this consideration and, therefore, are most likely to benefit by it, it is urged that, as recommended in Dr. Weir's report, the applicant's previous record, and a confidential report from the Superintendent of Nurses in the School from which the applicant graduated, be regarded as an important factor in influencing the selection of the candidate.

7. That hospitals be asked, upon satisfactory completion of the course, to furnish the nurse with a statement of the special work that she has covered, and that the committee be furnished with a copy of this.

8. That in the event of the course being voluntarily discontinued by the candidate, or through dissatisfaction occasioned by the work or conduct, it should be understood that the Manitoba Association of Registered Nurses will be relieved of all further financial responsibility.

9. That in the event of illness of a serious or prolonged nature, that the course will be automatically discontinued for the candidate

concerned and that further responsibility for the care of the nurse will become a matter of personal arrangement.

10. The committee recommends that in the event of a satisfactory scheme being evolved and approved by the Board of Directors that the sum of \$600.00 be granted by the Association to support the undertaking. It is estimated that this should provide employment for at least three months for approximately 18 nurses and should also prove to be a definite contribution to the field of nursing education.

The personnel of the special committee which brought in these interesting and practical recommendations included Miss M. Allan of the Children's Hospital of Winnipeg, Miss Thompson of the Misen-McLearn, and Miss K. W. Ellis, who acted as Convener.

The Public Health Section arranged several lectures and demonstrations by nurses and doctors which were well attended. Miss E. Russell gave a report on some of the relief work done by the Provincial Public Health Nursing Service, in rural Manitoba. This included the procuring of warm clothing for some five hundred children. The Association had already given \$50 for this purpose and another \$50 was voted at this meeting.

The Private Duty Section reported a very difficult year and are still seeking for some solution to their problems. An effort will be made, during the coming year, to give the subject of hourly nursing more publicity. Private duty nurses are not willing, as yet, officially to reduce fees although they are doing so unofficially. They feel that other avenues for relieving unemployment have not been fully investigated and brought in a resolution: "That fees remain as they are and

that the Private Duty Section try to suggest some other means of relieving unemployment." After consideration this recommendation was approved by the Association and will be further studied by the Private Duty Section.

Reports were read from representatives of the various affiliated organizations and from committees of the Association, and a speaker representing the Zenana Mission in India read a letter from the native nurse just graduated under the auspices of the M.A.R.N. The sum of \$75 was voted to provide for another student to take her place, this being the eighth nurse whose training has been provided for by the Association.

At the annual dinner meeting, Miss E. Cora Hind, a member of the Editorial Staff of the Winnipeg Free Press, gave a most interesting address on her recent journey to England via Hudson Bay. This trip was the culmination of a dream of many years: to set sail from Churchill over the sea lanes to England traversed by intrepid mariners of old in their small sailing ships. She spoke first of the many difficulties which she had had to surmount in order to get a passage booked on any boat sailing from this Northern port, and then described the passage day by day. Miss Hind has every faith in the future of Manitoba's seaport, and in this Northern sea route, and inspired in her Manitoban hearers a like faith and enthusiasm for our own seaport.

Miss Ellis, in moving a vote of thanks to the speaker, said that her address had a particular message for us at this time. If we want a thing, we must have the courage to go after it, and if it is worth having, we must be ready to surmount the difficulties which stand in our way.

FIRST STEPS IN CURRICULUM CONSTRUCTION

THE NATURE OF THE TASK

MARION LINDEBURGH, Convener, Standing Committee on Curriculum, Nursing Education Section, Canadian Nurses Association.

The Standing Committee on Curriculum is able to present this Progress Report as a result of meetings held since the report presented in the January issue of *The Canadian Nurse*. The preparation of a curriculum for schools of nursing in Canada, is a national enterprise. It cannot be confined to, or be the responsibility of, a few members composing a committee, but is an activity to which all branches of nursing service must contribute. It cannot be emphasized too strongly, that the graduate fields of nursing service, can contribute most valuable information as to what should be the necessary personal and professional equipment of the graduate nurse, who is to successfully meet community needs in her particular branch of service. The traditional idea, that a curriculum can be constructed by a few so-called experts, who meet together in round-table conference, and decide on the total content of an educational programme, is no longer accepted. In the light of modern and more scientific practice, which has developed within the field of curriculum construction and research, the following stages or steps are generally recognised:

1. Securing from the professional field, from individuals, and various groups, a wide range of information for guidance in determining what should be the content of a curriculum.

2. Assembling, and evaluating all information received, and then selecting that which relates most directly to the kind of curriculum which seems to be needed.

3. Setting up definite instructional units; that is, the arrangement of curriculum content, from the point of view of sequence and

continuity of experience, in order to secure the most effective learning. In a curriculum for schools of nursing this would mean the organization of classroom subjects, and of clinical assignments, to insure efficient correlation of nursing theory and practice, thus making all selected experiences as valuable to the student as possible.

4. Evaluating and selecting such methods of learning and teaching as will be effective and applicable in nursing education, such as case assignments, case studies, nursing clinics, and conferences. These should receive full consideration, because of their particular value in making the clinical experiences of the students more truly educational in character.

The Curriculum Committee has adopted this general order of procedure, and in accordance with this plan, each Province has been asked to organize a sub-committee to accomplish this first stage of curriculum construction, namely, an analysis of nursing service. This outline of the major considerations in curriculum building indicates that the work of the Central Curriculum Committee, and of the provincial sub-committees, if it is to be of any real worth or value, demands much time, thought, and personal effort.

As indicated in the initial report of the Central Curriculum Committee, this first stage, that of an analysis of the fields of nursing service, is to be carried out on a simple, rather than on an elaborate basis, and is to be as purposeful and effective as is possible within its limitations. Fortunately much valuable material is already available in the Report of the Survey of Nursing Education in Canada which can be readily utilised in the building of a curriculum.

The Personnel of the Central Curriculum Committee

The personnel of the Central Curriculum Committee has been enlarged to provide for representation from all graduate fields of nursing service, from the field of professional education; and from the medical profession. Its active membership is composed of the groups, classified hereunder. Its convener is Marion Lindeburgh, and its secretary, E. Frances Upton.

Representing Nursing Education and Service in Schools of Nursing:

Jean Gunn, Superintendent of Nurses, Toronto General Hospital, Toronto.

Constance Brewster, Assistant Superintendent of Nurses, Hamilton General Hospital, Hamilton.

Ethel Sharpe, formerly Instructor of Nurses, Royal Victoria Hospital, Montreal.

Sister Allard, Directress of Nurses, Hotel Dieu, Montreal.

Representing Public Health Nursing Education and Service:

Isabel M. Prince, School for Graduate Nurses, McGill University, Montreal.

Margaret L. Moag, District Superintendent, Victorian Order of Nurses, Montreal.

Representing Private Duty Nursing Education and Service:

Isabel MacIntosh, Hamilton.

Representing The Canadian Nurse:

Ethel Johns, Editor and Business Manager.

Representing the Medical Profession:

The Canadian Medical Association has been approached, asking for its co-operation, and requesting that two physicians be appointed to the Central Curriculum Committee, one to represent the field of general medical practice, and the other, the field of public health and preventive medicine.

In an Advisory Capacity—from

the field of General Professional Educational and of Nursing Education:

Dr. G. M. Weir, Professor of Education, University of British Columbia, and Director of the Survey of Nursing Education in Canada.

Prof. F. Clarke, Head of the Department of Education, McGill University, Montreal.

Sister Augustine, Directress of Nurses, Hotel St. Jean de Dieu, Montreal.

The Initial Task of the Central Curriculum Committee.

The Central Curriculum Committee is now concentrating its effort on the analytic aspect of curriculum construction. It is preparing a questionnaire, to be sent out to the provincial sub-committees, the purpose of which is to secure the opinion of the nursing profession concerning the applicability of certain recommendations, embodied in the Survey Report which deal specifically with the undergraduate education of the student nurse.

Organization of Provincial Sub-Committees

Letters have been sent to all the provinces describing the plan of provincial organization, as suggested by the Central Curriculum Committee in the January issue of *The Canadian Nurse*, and making an appeal for provincial co-operation in this national study. Three provinces, Nova Scotia, Alberta, and Saskatchewan, have already replied, giving assurance of fullest co-operation, and intention to organize as soon as possible. The Central Curriculum Committee plans to have the above-mentioned questionnaire ready for distribution in March. It is hoped that, by that time, all sub-committees will be organized and ready to begin the work of the provincial studies, the results of which will be classified and co-ordinated as the first step in the building of a national curriculum.

A FRONTIER HOSPITAL

ISABEL BESCOBY

The tourist in British Columbia frequently endeavours to follow the path of pioneer gold-seekers into the heart of the province. He follows the Cariboo Trail, now an automobile highway, through rugged Fraser River canyons, over high mountain cliffs, through farm lands, and down creek beds for a total distance of about five hundred miles from Vancouver. He tries to reach what was the famous gold-mining centre of British Columbia in the sixties—Barkerville, on Williams Creek, one of the few surviving "ghosts" of Cariboo's gold-rush days. There, the traveller is shown many tale-bearing spots. Among them, is a small white building hiding among the bushes, by the side of the automobile road, just north of the town of Barkerville itself. The house is now occupied as a private residence, but until 1922, it was the Royal Cariboo Hospital, the only refuge within sixty miles for miners needing medical assistance.

In the frontier northern wilderness of Cariboo, gold-seekers of the early sixties found themselves quite unprepared for accidents and illness. Food and clothing supplies had been hurriedly rushed in to the mines after the discovery of the rich deposits at Williams Creek in 1861, but professional service of any kind was very scarce. During the smallpox epidemic among the Indians in 1862, one doctor, W. B. Wilkinson, settled in the district, but this one source of medical advice for the whole area of about two hundred miles in length was entirely inadequate — especially when we consider that, as yet, there were no roads whatsoever in British Columbia.

By 1863, almost ten thousand gold-diggers had congregated on Williams Creek, and hundreds had gathered in the surrounding mining district. With stores, saloons, and dance-halls opening their doors everywhere, and particularly at Barkerville, on Williams Creek, it was natural that a community consciousness should arise. One of the earliest manifestations of the growth of a community spirit among the miners of Cariboo, was the demand for public institutions and of these, the first was a hospital.

On the twenty-second of July, 1863, the inhabitants of Williams Creek met at a public gathering, and passed a motion that "a hospital among them was imperatively demanded." A week later, the miners decided to erect a suitable building on a lot about a mile along the main road from the largest town in Cariboo, Barkerville. The location was at a spot known as Camerontown. The hospital, consisting of a ward, a doctor's office, and a kitchen, was hastily constructed, and on October 1, 1863, was opened for the reception of patients. Up until July, 1864, the hospital admitted thirty-two men of whom twenty-six were discharged cured, three died, and three remained in the institution. During the year, its maintenance had required the expenditure of about seven thousand dollars but, as the Government grant had been only twenty-five hundred dollars, and public donations about twenty-seven hundred dollars, the hospital committee found itself in debt.

Because of these unsatisfactory financial conditions, the committee recommended that the upkeep of

the hospital be made a Government matter, and that a grant of about six thousand dollars be made to it annually. That was in July, and on September 20, as Reverend A. Browning, who was secretary of the Williams Creek Hospital Board, had received no reply from the Government, the hospital board, by its own decision, ceased to exist. At this crisis, the colonial officials at New Westminster instructed the resident Gold Commissioner to spend what was necessary to pay attendants' salaries, buy medical supplies, and anything else absolutely essential for the operation of the hospital. To meet the urgent situation, the physician-in-charge, Dr. J. Chipp, and his steward, offered to remain for their board only, without salary. This offer was readily accepted, and no salaries were paid by the Government until January, 1865, when it was decided to pay the doctor one hundred and fifty dollars monthly and the steward, George Moss, one hundred and twenty dollars. Patients were allowed for at the monthly rate of from forty to sixty dollars each, depending upon the amount of expensive medicine required for treatment.

Although patients were not numerous (there were only fourteen regular and ten out-patients between January 1 and October 12, 1865) the little hospital was expensive. In 1865 the expense of the Williams Creek Hospital, later known as the Royal Cariboo Hospital, to the government was £1,057 or two-hundred and seventy dollars per head. Above this, the miners made voluntary contributions. The New Westminster Hospital, during the same year, had required only forty-two dollars per patient from the Government but it was pointed out that, in the southern city, cases were more numerous and less extreme, and that supplies were much less expensive than in Cariboo.

By 1866, the hospital at Camerontown was used by only three patients per month. The total population of Cariboo had declined greatly, but this alone did not account for the sudden decrease in the usefulness of the hospital. The official authorities heard that confidence in the Williams Creek Hospital, if not in the directors, had been lost. In support of the statement they pointed out that, of seven accidents occurring in the mines during the summer, none of the victims had applied to the hospital for treatment. During the whole year, 1866, only forty-two patients were admitted. At the same time, one hundred and fifteen received advice and medicine as out-patients.

With the general loss of economic prosperity following the decline of industry in the gold mines and the high cost of supplies, maintenance of the hospital became a burden. The colonial government became more parsimonious in its grants and public subscriptions grew smaller. To balance the budget, Dr. Bell, the attendant surgeon, accepted a reduction in salary to a mere one hundred dollars per month in 1867. At the same time, the number of patients, especially out-patients, increased so that by 1870, there were thirty-four ordinary, and three hundred and fifty out-patients in ten months.

So essential to the life of Cariboo was the small Williams Creek Hospital, that the Grand Jury in 1870 itself made a plea for funds. The members of the jury said in their report: "We beg to call attention to the condition of the Cariboo hospital, an institution of inestimable benefit in a mining community, where men are so liable to be prostrated by sickness or accident, far from their friends and in many cases destitute of means. A contribution of two hundred and fifty dollars per month is now given by

the Government, in addition to which considerable sums are annually raised in the district by private subscription. The resident surgeon, who, in addition to his ordinary duties, has during the past year, dispensed medicine to over three hundred out-patients, has not, during that period, received from all sources over one dollar per day as remuneration for his arduous services; as it is desirable to provide a permanent fund for the support of this indispensable institution, which has always hitherto been crippled through impecuniosity, we would recommend that, in addition to the annual grant now given, the sum of one dollar additional be collected on each mining license issued, and retained by the Gold Commissioner as a special hospital fund."

This suggestion was never adopted, and for several decades, the pioneer institution known as The Royal Cariboo Hospital was maintained by regular taxes. As far as is known, only males were ever employed as attendants, for Cariboo was a man's country into which

few women, except dancing girls, ever entered. As all life in the gold fields seemed to slip away, the need for medical assistance became less urgent and, in October, 1922, just fifty-nine years after its opening, the hospital at Camerontown was closed and the Government grant terminated.

This, then, is the story of a frontier hospital. It was opened in the midst of one of the most picturesque movements in Canada's history because of the enthusiastic demands of hundreds of eager gold-seekers. Soon, with the decline of gold production, maintenance of the hospital became burdensome for Government authorities as the institution's utility dwindled. After half a century, it seems as though gold-rushes have definitely become past history. The population no longer justified the expenditure that would be necessary to keep open the small building by the side of the Cariboo road. And so, today, the Barkerville district in Cariboo has no hospital, although its summer population may approach one thousand.

RING IN THE NEW

JEAN E. BROWNE

Canadian nurses must have enjoyed reading the first editorial of the new Editor of *The Canadian Nurse*, published in the February number. This editorial indicates the calibre of the woman who wrote it. She has lost no time in giving honour to the courage and devotion of her predecessor, and by so doing reveals something of her own character.

Now that *The Canadian Nurse* has become a department in its own right, its subscribers look forward to its becoming a first class professional journal. It is not easy to define exactly what this is. Perhaps it may suffice to say that it constantly maintains the highest ideals of our profession, that it constantly stimulates our interest in our work and that it constantly helps us to understand and appreciate our problems.

What are the possibilities for the *Journal*? Informative articles will always be necessary, but they should be given their proper perspective. Facts we must have, but an unassorted accumulation of facts is of very little use to anyone. The important thing is the analysis of them. Because of the very nature of their training, nurses, perhaps more than other professional people, are apt to let others do their thinking for them. *The Canadian Nurse* will fulfil its most important function if it educates its readers to think for themselves, to bring an analytical mind to their problems, to be guided by reason rather than emotion, and to be ready to make changes when a changing social order demands them.

Another possibility, awaiting development, is for integrated series of articles on related topics, either of general nursing interest or for specialists in various fields of

activity. Such articles might constitute a kind of post-graduate correspondence course, and would provide up-to-date, authentic information on every phase of nursing. Where differences of opinion exist, both points of view should be presented.

It can surely never be over-emphasized that the nurse's job is nursing—not diseases, but patients. The same principle may be applied to the public health nurse, who is dealing primarily, not with theories, but with people. The ideal journal for nurses will never overlook this basic fact.

There is a popular saying that a publication succeeds in so far as it gives its readers what they *want*. That is the philosophy of the yellow press. But is there not a much higher ideal? Is it not possible to give readers what they *need* in such a form that it makes a strong appeal to them?

The financial aspect of the journal is an important one. The major problem, of course, is advertising. The present period is the most difficult in years to solicit advertising, as most firms have slashed their advertising to a minimum. The other problem is to increase circulation. Those who are interested in *The Canadian Nurse* can help the new manager in this respect by arousing the curiosity of non-subscribers rather than by preaching the solemn duty of subscribing.

Let it be stated that these remarks were written by invitation, and that the writer has faith in the ability of the new Editor to produce a journal of distinction, both from the literary and the professional angle. We welcome Miss Johns back to Canada where she belongs, and we wish her and *The Canadian Nurse* a long and glorious life of achievement.



THE EDITOR'S DESK

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This issue of the *Journal* is, in itself, a challenge to the nurses of Canada. The President of the Canadian Nurses Association, in her message entitled *The Canadian Nurse in a New Uniform*, states quite clearly wherein that challenge lies. The success or failure of this new venture depends upon the nature of the response which nurses make to the President's appeal.

On the page opposite to this editorial there is yet another challenge; one which the Editor must find the will and the courage to face. Miss Jean Browne, in her official capacity as a member of the Publications Committee, suggests that the *Journal* should not only record facts and reflect opinion, but that it should also integrate those facts and interpret that opinion. Such a task is obviously both difficult and delicate, but it must be tackled if the *Journal* is to justify its existence. Under these circumstances, it seems as though there were nothing for it but to mark the beginning of this twentieth year by attempting to integrate the current number.

It is taken for granted that the two topics of greatest interest and importance to nurses in every part of Canada today, are the economic conditions with which nurses are confronted, and the ways and means suggested by the recent Survey for ameliorating those conditions. In this issue of the *Journal* there will therefore be found two articles bearing directly on these

questions. Miss Gunn discusses them from both an educational and an economic point of view in *Educational Adjustments recommended by the Survey*; Dr. Grant Fleming, in *The Socialization of Medicine*, gives a background against which our nursing problem stands clearly in relief. These articles should be studied in relation to one another. They point the way toward the adjustments which must be made in the light of impending social change.

In the April number, this broad treatment of the whole scene will be followed up by some account of what is already taking place in the various Provinces, as a result of the activities of the Provincial Joint Study Committees. It should prove helpful to the Provinces to be thus kept in touch with one another by means of the *Journal*. For instance, it might be worthwhile to read carefully, the questions which are formulated in yet another article in this number: *Manitoba Shows the Way*, and to note how Quebec is solving her language problem, in connection with the Survey. The doings of the *Central Committee on Curriculum* are also worth watching. This group ought later to be able to give material assistance to the Joint Study groups, through its provincial sub-committees.

The attention of all nurses is drawn to Miss Rose Chambers' clear presentation of their responsibility with respect to the teaching of nutrition. This article is placed

under the caption of the Department of Public Health Nursing, but has a direct appeal to the institutional and private duty nurse as well. Miss Bescoby's description of *A Frontier Hospital* ought to awaken a pioneering spirit which has been a bit dormant lately, and Miss Batson's article, under the caption of Private Duty Nursing, is the result of an appeal from a rural private duty nurse for help in planning nursing procedures in the home. *A Birthday* is an honest tribute to the women who made the *Journal* possible.

It is a satisfaction to be able to report that the new cover with its attractive design, the new mailing wrapper which keeps the blue uniform clean, and a more convenient style of paging, have all been

attained without additional cost. In this connection, the Editor wishes to express her appreciation to the members of the printing firm of Messrs. Barwick, of Montreal, who have patiently and courteously guided her through the difficulties which lie in the path of the beginner.

At this point, any further attempt to integrate must cease, so far as this issue is concerned. Interpretation must wait awhile. Before either process is resumed the President's challenge must be accepted — the nurses of Canada must think, and must express their thought in such fashion that it may be integrated and interpreted in the pages of *The Canadian Nurse*, with clarity and without prejudice.

Department of Nursing Education

EDUCATIONAL ADJUSTMENTS RECOMMENDED BY THE SURVEY

JEAN I. GUNN, R.N., Superintendent of Nurses, The Toronto General Hospital.

In discussing the subject assigned to me I would like to begin by quoting a paragraph from the address given by Dr. G. Stewart Cameron at the biennial meeting of the Canadian Nurses Association, in Saint John. This paragraph reads: "It may be only a coincidence, but a significant one nevertheless, that throughout the Anglo Saxon world, at least, those interested have gradually reached the same general conclusions, and, while the problems may not be quite the same in Great Britain, the United States and Canada, there is the unanimous conviction that the present nursing system, both within and without the hospital, should receive thorough revision." In Canada that conviction brought about the recent Survey of Nursing Education. The Survey was undertaken for the purpose of ascertaining facts concerning nursing in Canada, including all that pertains to nursing education, to nursing service in its broadest sense, and to the nurses engaged in that service. What is to be done now that the facts are known?

If any progress is to be made, one change is essential. We must learn to think of nursing education as entirely apart and separate from nursing service. Ever since the beginning of modern nursing in our Canadian hospitals, the urgent need for the bedside nursing of the patients has forced the education of the student nurse to conform to

the nursing needs of the institution. The average Board of Trustees looks upon the student nurse only as part of the nursing personnel of the hospital. The fact that the hospital, in conducting a school of nursing, is functioning as an educational institution preparing the student nurse for her profession, is rarely realized.

When one studies the development of nursing in this country, it is difficult to understand why such a vital branch of education has been allowed to develop in such a haphazard way. Before the enactment of legislation dealing with nursing education in the different provinces, each hospital decided its own educational programme, and had practically no contact with any other institution. The defects of this system need no emphasis; they are painfully apparent.

With the passing of legislation in the different provinces, it was hoped that, at last, some method of bringing nursing education up to a proper standard might be evolved. But those interested were doomed to disappointment; the legislation introduced was only of the permissive type, and exerted practically no influence on the hospitals conducting schools of nursing. If the hospital wished to make it possible for the graduates of the school of nursing to become registered nurses, it was necessary for the school to reach certain standards, the checking of which depended largely on the ability of their graduates to pass the examination for registered nurse. Too

(Read at the Annual Meeting of The Association of Registered Nurses of the Province of Quebec, Montreal, January 31st, 1933.)

much emphasis has been placed on this final examination, and too little attention has been given to the preparation of the candidate during her three years of training which, in actual time, is equal to four and one-half years of university work. The Survey refers to these registration examinations as conducted under existing legislation in the different provinces as follows: *"The R. N. examinations possess unusual prestige. They define standards and set the examination pace for training schools to follow. Their prestige may, indeed, be considerably over-rated and their standards neither high nor selective. Nevertheless these provincial qualifying tests suggest, to the undergraduate mentality, the open sesame that unlocks the door to the land of professional enfranchisement." But are the R. N. examinations a truly serious challenge? Do they turn aside the weaklings who seek admission to the nursing profession?

The answer given to this question by the Survey is as follows: *"Defects in the present R. N. examinations are admittedly legion: these tests are too easy; they are not sufficiently discriminative; they are too full of the vagaries of personal memory; they are memoriter and bookish, and too little of the clinical and practical type; standards are extremely low; the papers are subject to the vagaries of personnel and arbitrary standards of marking; the scoring is widely variable and unscientific."

This criticism is given, after careful study, by an educationist, of the final test of the student's education on which we have pinned our hopes for so many years. It must also be borne in mind that only the graduates of the so-called approved schools of nursing are allowed to write these examinations. How many nurses who report as candidates are properly

prepared? One only needs to look casually at the facilities of many of these approved schools of nursing, to see that they are sadly lacking in clinical material, a lack which cannot be made up by classroom teaching. In some cases the number of hospital patients is too small, and in others the type of patient admitted too restricted. So we find that many of the schools of nursing which have actually received governmental approval, are unable to give a properly balanced education to their students.

What, then, are the facts concerning the schools of nursing not in receipt of governmental approval? The facts are that these schools are actually carrying on an important branch of education without any attempt, on the part of the government concerned, to make sure that these so-called nurses are safe for the public service they will undertake. For the fact remains that these nurses engage in public nursing service, since the actual practice of nursing is not controlled in any way. Hospitals, or other institutions and agencies employing nurses, and professional registries, usually require the nurse to be registered. This practice is not, however, compulsory and may or may not be followed. In the field of private nursing, the service is quite uncontrolled. Any person may engage in nursing if such employment can be secured. These conditions will prevail until it is enforced by legislation that all those who nurse the sick for hire be licensed for this service.

While such licensure would be a great step in advance, it would not materially change the number of nurses seeking employment. There has never been any attempt made to balance supply and demand nor, in fact, to even study supply and demand, in any community. Hospitals have enrolled students to meet the requirements of the nurs-

* Survey, page 347.

ing service in each individual hospital, and have graduated classes, large or small as the case might be, year after year, without the slightest thought of the community needs or of the future employment of the nurse. One has only to make a very casual study of unemployment conditions, as they exist today, to see the result of this system.

While there is unemployment among all types of workers, the unemployment that exists in the nursing profession is really more marked, and more acute, than in almost any other occupation. The entire time allotted to this paper could be used in an effort to present the conditions under which the nurses are existing in many provinces of the Dominion. In the city of Toronto, which is probably fairly typical of all large cities, the following conditions prevailed in connection with the professional registry for nurses, during the months of October, November and December 1932, and are quite typical of the preceding months as well. During those three months the calls for nurses totalled 2,773, of which 315 were in private homes and 2,458 were for special duty in hospitals, an average of 30 calls a day. During these three months the nurses on call averaged from 550 to 600 daily from a total membership of approximately 1,250 nurses. This shows definitely that 50 per cent of the members were unemployed and actually on call. But the true percentage is really much higher, since many nurses who hold membership have discontinued nursing, and are remaining at home, as they cannot afford to remain in the city and be unemployed. The average length of time that the nurses waited for employment was from four to five weeks, and if the nurse took only day duty, the time extended six or seven weeks. The average length

of time the nurse was employed with any one patient was approximately five days. If the nurse averages five days a month she is only employed sixty days during the year, with a total income of \$300.00, provided she is able to collect all her fees.

While the lack of income is serious, the lack of employment, from the standpoint of general morale, is far more important. It is to the nurses in private duty that this misfortune has occurred. All nurses out of employment, who have previously been employed in other fields of nursing, resort to private nursing. In this way the ranks of the private duty nurses steadily increase in number, which makes the situation progressively acute. Reduction in the staff of the hospitals and other institutions has a very direct bearing on the problems to be met by the private duty group.

These problems have been increasing with the years, and are not finding a satisfactory solution or, in fact, any solution. In recent years the whole field of private nursing has changed—almost ninety per cent of all private nursing is done in the hospitals. Only a little over ten per cent of private nursing is done in the homes. Many factors enter into this condition, but the most important and most outstanding is the inability of the average citizen to pay for graduate nurse service. It is not that the nurse is not needed, but that the patient is unable to pay. For many years this has been a problem in several countries and has often resulted in an unfair criticism of the nursing profession.

It is only very recently that this problem has been recognized, and acknowledged, to be a problem for the entire community to solve. Many studies are now being made and suggestions advanced, many of which are suggestive of some form

of socialized nursing, whereby the patient may receive the necessary nursing care, and the nurse may be assured of employment. This solution, however, seems a long way off and will not come into effect soon enough to assist in decreasing the present unemployment.

When one considers the many problems to be solved, the truth of Dr. Cameron's statement quoted in the first paragraph of this article, is very forcibly realized. The Survey has presented many facts which point to the need of radical change in the present system. After considering many of the existing difficulties in nursing education and nursing service, where should this thorough revision begin and along what lines should it proceed?

It would seem that the education of the student nurse is fundamental, but many factors are involved: the school of nursing in which the student is to receive her education; the student and her preliminary education; the curriculum, including both theory and practice; the teaching staff; the conditions under which the student gains her practical experience.

In considering the first factor, the school of nursing, we must endeavour to overcome the almost universal tendency of confusing the school of nursing and the nursing service of the hospital. They are, of necessity, closely connected, but must be considered separately if we are to make the needed changes in the present system. Surely the time has come when legislation, concerning nursing education, should really exercise some control over nursing education and cease to be merely a gesture in that direction. Hospitals that are unable, through lack of facilities, or unwilling, through lack of interest and understanding, to meet the requirements for conducting an

approved school of nursing, should be compelled to make other provision for the required nursing service in the hospital, and discontinue their feeble attempt to educate nurses.

Until the permissive type of legislation is strengthened there will be very little constructive progress, and, as long as any hospital, regardless of its facilities, is permitted to conduct a school of nursing, there cannot possibly be any control of nursing education.

In defining an approved school of nursing, the Canadian Nurses Association went on record as follows: "An approved school must be equipped and staffed to give satisfactory instruction in the five major departments, namely: medicine, surgery, obstetrics, pediatrics and communicable diseases." It was further decided that "steps be taken to bring nursing education into the general educational scheme of the province." In view of these recommendations, the first step in revision should be to make sure, by means of legislation, that only such schools of nursing as are approved by the provincial governments be permitted to undertake the education of student nurses.

The second factor, the student nurse and her preliminary education, is really basic in any educational undertaking. The student's ability to profit by the teaching offered her depends largely on the mental equipment with which she enters training. The various provincial Registration Acts prescribe minimum educational requirements for admission to approved schools of nursing. The standards set are either too low, or too well provided with loopholes through which the student may enter. Student nurses should possess a good preliminary education. The Survey states that "Every profession, and practically every occupation, is today demanding higher educational

standards of admission. The general level of public education and social intelligence is being uniformly elevated. These are statements that even the most confirmed reactionaries must accept. High school education for the masses is more common today than was an elementary school education in the days of our grandfathers."

If education were not essential for the doctor, the lawyer, the minister, the business man or woman, and the teacher, then there might be some argument against the need of fixing a high educational standard for students entering nursing. Is there any logical reason for assuming that a nurse should begin her preparation for her profession without the same educational advantages as are demanded by the other professions?

Another important factor that has to be borne in mind is the difference in preliminary education among the members of the student group in a single school of nursing. The Survey states, †"So long as such unevenness in the academic preparation of student nurses exists, any attempt at standardizing a professional curriculum will be largely futile." The standard of preliminary education approved by the Canadian Nurses Association is pass matriculation, or graduation from a special high school course prepared for nurses. If this standard is made compulsory, through legislation, in the different provinces, the student of the future will have the advantage of possessing at least an average education, and the schools of nursing will enroll only those students whose educational background makes possible a satisfactory teaching programme.

The third factor for consideration is the curriculum. Deciding on a curriculum presents a real problem and a sentence in the Survey outlines in a few words, the

outstanding need: *"*A thorough job analysis study of what should be taught in nursing, or medicine, or in any other field of education, would probably result in articulating the type of education in question more closely with the needs of the community.*" All our Canadian schools of nursing need to make a definite study of the extent to which the curriculum, both in theory and practice of nursing, is fitting the student for the service demanded of her by the community.

The time is past when the old, long tried, and treasured curriculum can be logically carried out. Developments in the practice of medicine, changing social conditions, new policies in public health service, all should influence the curriculum of the school of nursing. The curriculum should receive serious consideration from the Councils in the different provinces who are responsible for the educational programmes of schools of nursing. The job of analysis and curriculum building has already been undertaken by the Nursing Education Section of the Canadian Nurses Association and, no doubt, will result in giving leadership and assistance to the provincial Councils.

However, a carefully compiled curriculum is of little value without a properly qualified teaching staff. In considering the teaching staff of any school of nursing there are two points of importance: the qualifications and ability of the teacher and the time she is allowed for teaching. The first condition, that of proper qualification, needs no discussion. In any branch of education the teacher must be qualified to teach. Nevertheless, many schools are being conducted without any qualified teacher, the teaching being done by a nurse who has had no training whatever in that work. Schools of nursing that continue this practice are well

aware of the fact, and will probably not change unless such change is made compulsory.

The second factor is less apparent and possibly less striking to the onlooker. It is, however, of vital importance. The teaching staff of any school should be given time to teach. In some of our Canadian schools of nursing, the teaching staff is given so many administrative duties that, in many cases, the teaching actually takes second place. The teacher must be looked upon as a teacher, and not as a hospital executive and administrator. This means that a hospital conducting a school of nursing should have an adequate administrative staff, and not demand this service from the teaching staff. Sufficient time should be allowed for preparation of work, study, and individual contact with the students.

The lectures given by the medical instructors have not met with the unqualified approval of the Survey. The Survey states *—"The difficulty however, lies not so much in knowledge of content, as in organization and adaptation of subject matter to meet the needs of the student nurse." And further, it is the opinion of the Survey that, if certain medical instructors were paid, they would probably feel more conscience-bound to give greater value to the student nurses than is sometimes the case under present conditions. The fault, in this branch of instruction, lies with the hospital and not with the doctor. Ever since the beginning of nursing education in our Canadian schools, the members of the medical staffs have given countless hours of their valuable time for the instruction of the student nurses, and the hospitals have come to take this service for granted. The school of nursing should assume financial responsibility for the teaching programme, and not continue to de-

mand that the medical staff give this teaching gratis. If the doctor were a member of a paid teaching staff it would naturally follow that he would have teaching ability and possibly teaching experience. All doctors are not teachers any more than all nurses are teachers.

When conditions in schools of nursing make possible the teaching of a suitable curriculum, it would seem that rapid progress in nursing education might be expected. But, unfortunately, all such progress will still depend on the amount of nursing service demanded from the student group. The schools should have proper working conditions as well as proper teaching conditions. At present, the student nurse works too long hours, and is required to accept too much responsibility. Her experience in practical nursing is too dependent on the many demands of the hospital service. Shorter hours of duty have been discussed for the last twenty-five years, and to a large extent it has ended in discussion. A much larger staff of graduate nurses is needed in practically every hospital in Canada. Until hospitals cease to depend entirely on the student group for nursing service there is little possibility of making any of the much needed changes in nursing education. The pressure of work in the average hospital is absolutely foreign to any atmosphere of learning or study.

The need for the employment of a larger number of graduate nurses on the permanent staff of hospitals is important also from an economic standpoint. Some method must be found to limit the number of students graduated to the needs of the community. The only way in which the supply can be made to more nearly fit the demand, is by decreasing the number of students enrolled, and increasing the number of graduate nurses em-

ployed. It is encouraging to note that during the past year many hospitals have made a beginning in this direction. The results are four-fold,—a more permanent and experienced nursing service for the hospital patients; the creation of proper learning and working conditions for the student group; the reduction in the number of nurses graduated annually; and improvement in the employment conditions of graduate nurses.

When one considers all the existing conditions, pertaining to nursing education and service, that need the thorough revision referred to by Dr. Cameron, one begins to wonder if there is anything to be commended in the present system. The Survey states, *"The real

leaders in the nursing profession, which is now passing through a somewhat feverish stage of transition, have set before themselves high ideals of accomplishment and service. Their programme, however, is neither that of the mere visionary nor of the fanatic. These women of foresight and action, whose cause is capably supported by not a few members of sister professions and of the laity, have envisaged the potential greatness of their profession as an agency for the promotion of human betterment and the relief of physical and mental distress. Theirs is a venture of faith—but of faith that removes mountains of opposition — and there are not a few of such mountains to be removed!"

THE ANNUAL MEETING OF THE REGISTERED NURSES' ASSOCIATION OF ONTARIO

The eighth Annual Meeting of the Registered Nurses Association of Ontario will be held on Thursday, Friday and Saturday, April 20th to 22nd inclusive, at the Prince Edward Hotel, Windsor, Ontario.

The principal topic for discussion at the general sessions will be the findings of the Report of the Survey of Nursing Education in Canada made by Dr. G. M. Weir. The Private Duty Section has made arrangements with Miss L. Simmons, Supervisor of Hourly Nursing Service, Chicago, to address its open meeting on Friday afternoon. Miss Simmons will have some practical and timely suggestions to offer concerning the organization and direction of an hourly nursing service. Following this session the Nurse Education Section is planning an equally interesting and instructive programme

for its open meeting, arrangements for which have not yet been completed.

Miss Elizabeth Smellie, Director of the Victorian Order of Nurses for Canada, will give an address at the open meeting of the Public Health Section on Saturday morning, and the Editor of *The Canadian Nurse* will speak briefly at the business sessions of the various Sections and will give an address entitled "Old Lamps and New: The Community looks at Nursing" on Friday evening, at the open meeting.

An excellent commercial exhibit of interest to all nurses is being planned and a number of firms have already reserved space. A complete programme will shortly be available of what promises to be an exceptionally interesting and stimulating meeting.

Department of Private Duty Nursing

National Convener of Publication Committee, Private Duty Section,
Miss CLARA BROWN, 23 Kendal Ave., Toronto, Ont.

A HOT MOIST PACK

MARTHA BATSON, Reg., N. Instructor of Nurses, The Montreal General
Hospital Training School for Nurses.

A hot moist pack is really a huge fomentation, the object of which is to stimulate the action of the sweat glands. It can be conveniently given in the home by substituting simple household appliances for the regular equipment used in hospitals.

Suggestions for such substitution are given in the following list of articles required: Two old woollen blankets; two flannelette blankets; two good woollen blankets, or layers of newspaper, to keep in the heat; two large rubber sheets, or a large piece of oilcloth or raincoat; a foot tub or wash tub; an ice cap or cold compresses; stupe wringer made of heavy cotton, forty-five inches long, twenty inches wide, with a three-inch hem at either hem. Use broom handles for sticks. If this type of wringer is not available, blankets can be wrung out by using a clothes wringer. An ice cap or cold compresses should be applied to the head, at least half an hour before the pack, to contract the blood vessels, avoid congestion, and relieve headache.

The bed is prepared by placing a flannelette blanket over the patient, and removing the upper bed clothes. A woollen blanket is placed under the patient, and over this are placed a long rubber sheet or oilcloth, and a flannelette blanket, which should not be tucked in. The blanket is wrung dry and placed in close contact with the whole surface of the body, being tucked smoothly underneath the back, around the shoulders, into the axillae and between the legs. The under flannelette blanket and

rubber sheet are turned up over the wet blanket, and covered immediately with the second rubber sheet and two woollen blankets. A towel is placed across the chest, to prevent the blankets from coming in contact with the face. At the end of ten or fifteen minutes, a second hot wet blanket is brought to the bedside. The covers and rubber sheet are removed separately and placed on a chair. The under blankets and rubber sheet are turned down over the sides of the bed. The second hot blanket is then placed over the patient, at the same time removing the first one. This is left on for ten or fifteen minutes.

If the patient is reacting well, the pack may be continued for half an hour. The damp articles are then removed, and the patient wrapped in the under woollen blanket for one hour. The patient is then rubbed with warm towels, given an alcohol rub, and is put into a warm flannelette gown, placed between flannelette sheets and the bed remade.

During the pack, the patient should never be left alone, and the pulse should be taken from time to time at the temporal artery. Unless fluids are restricted, cool drinks should be given to supplement the fluids which are being lost through the skin. The nurse should report the amount of perspiration and whether the patient voided. The patient's colour should be noted frequently, and if he shows any signs of exhaustion, the treatment should be immediately discontinued.

Department of Public Health Nursing

NUTRITION: ITS EMPHASIS IN A HEALTH TEACHING PROGRAMME

ROSE CHAMBERS, B.Sc., Nutritionist, Victorian Order of Nurses for Canada, Montreal.

Since the beginning of the twentieth century nutrition has made great forward strides. From the laboratories of great scientists over all the globe have come findings of the utmost importance. The work of the "Hunger Fighters" has been on a par with the work of the "Microbe Hunters" in an earlier age, and with each new discovery, has come more keenly the realization of the necessity for spreading the knowledge thus gained. We have admitted that between the man in the laboratory and the people in our homes there is a gap that must be filled. How is it to be done? How are we going to carry our scientific knowledge of body needs to the layman so that he may use it every day?

Strangely enough we find that our scientific teaching began really with the treatment of disease. The diet specialist in the hospital plans balanced meals for all. The teaching given is almost exclusively to those patients who must exist more or less permanently on a special diet. Those who will return from the hospital to their normal diet may learn a few things by force of the example set them in the hospital, but so far there has been little opportunity to teach them more.

In clinics also, is found the necessity for teaching diet in disease. Many hospitals, in the United States more particularly, have dietitians for the especial purpose of teaching out-patients how to plan

their diet. Full possibilities in this respect have not been developed, however, and many of the poorer people suffer from the lack of even this amount of instruction.

In Public Health and Social Service the first beginnings again were in diet therapy. The public health nurse, having had a certain amount of dietetic training while in hospital, found very often, that she could be of especial assistance to her patients. When we keep in mind the Public Health objective of building for positive health, or, as McGonigle and McKinley so aptly express it in their recent article, of "getting away from the pathological conception of such a service to that of maintenance of normal biological processes", it is easy to understand the development of a more balanced programme.

Now the effort of the nurse is, or should be, to teach the principles of a normal diet. The first attempt is with the mother in the home, in order to bring about the development of strong healthy bodies, and in order to lower the occurrence of disease by increasing the general resistance. The nurse must get under the surface of attractive wrappers, tear away reams of misleading advertisements, get to the origin of foods so camouflaged by commercial preparation as to be scarcely recognizable. She has to dig away the piled-up propaganda of faddists. Beneath mountains of such deceptions she must try to show the true value of foods, and great persuasive powers are neces-

(Read at the Annual Meeting of The Association of Registered Nurses of the Province of Quebec, January 31st, 1933.)

sary to accomplish her aim. There is the over-indulgence of fond parents to be eliminated. The nurse must know something of the training of children in order to make the rest of her teaching effective. She must know something of the market value of foods. It is a long road from old maxims such as "Feed a cold and starve a fever" to the scientific teaching for which we aim, and we have gone but a very short distance.

A recent investigation into the physical condition of an unselected group of school children in London revealed the following facts:

87.5% of the children examined showed one or more signs of bony rickets.

66.1% of the children examined showed two or more signs of bony rickets.

82.4% presented some abnormality of the naso-pharynx.

67.7% had some degree of adenoids.

93.8% had dental caries.

88.1% had some degree of hypoplasia.

Surely this high degree of defects, due to dietary deficiency, indicates a need for nutrition instruction. McGonigle and McKinley state that the percentage of five-year-old school children found by the medical officers at Stockton-on-Tees to have defects so severe, at the time of discovery, as to require medical treatment, has remained at twenty for ten years. We wonder sometimes what our own statistics would show.

No doubt you, as nurses, are saying to yourselves: "In what way does this concern me? What of the trained nutritionist? This is her task." We can only join with the group at the White House Conference and say with them: "We do not want to make nutritionists out of nurses, but rather through the co-operation of the nurses and

nutrition workers to give instruction which will 'integrate itself into the whole health teaching programme.'" Further, I should like to point out that there are hundreds of you to one of us; that you have access where we will never be able to go; and that another generation is growing up while we are slowly, very slowly, finding for ourselves the prestige you have had for generations.

The Public Health Nurse, as we think of her, has made a beginning in her share of the task. She has accepted the statement that the foundations of health and strength are laid in the ante-natal period. She is trying to teach mothers what these foundations are and where they are to be found. She is teaching these same mothers that, if they and their families are to maintain health and strength, there is a minimum supply below which they must not go. She is trying to indicate of what this minimum consists.

We must not, however, take for granted that our so-called Public Health nurse reaches all groups who need nutrition teaching. In doing so we would overlook whole armies of diabetics and nephritics, many individuals who are either obese or emaciated, and thousands whose efficiency is lowered and whose very health and vitality desert them under the strain of chronic constipation. We might include with this the high incidence of rheumatism and arthritis, as well as gastric ulcer and similar ills.

With existing conditions in mind I am going to assume that you agree with Eleanor McPhedran, of Calgary. In her recent article in the Canadian Nurse she says: "I am not a public health nurse in the accepted sense, but it has always been my nursing creed that all nurses should be teachers of health

—therefore, public health nurses in the broadest meaning.”

Suppose we consider first of all the school nurse. How can she incorporate the science of nutrition into her work? Walter E. Hammond lists the duties of the school nurse under three headings. To the last one listed he attributes the greatest importance, and certainly his experience gives him the right to judge. His list is as follows:

(1) . . . work in connection with the physical and dental examinations, and the keeping of complete records.

(2) . . . her direct work in testing the eye-sight and hearing. . . .

(3) . . . rendering first aid and giving simple treatment.

“Her big job”, he adds, “is woven into all three of those mentioned. Specifically, it is to see that everything humanly possible is done to correct the difficulties discovered by the examining physicians.” It seems only natural to include nutrition teaching as one of the most important factors in the accomplishment of this last duty.

My suggestions to the school nurse are two in number. Interview the mothers of undernourished children and give them as much definite, helpful instruction as possible. Keep in mind the emphasis of nutrition in health teaching to children in the schools, and bring it, with suggested programmes, constantly before boards and teachers, at every opportunity. By following the first suggestion you will be helping other public health nurses to overcome the lack of nutrition education among our mothers of today. By following the second one you will be making the mothers of tomorrow nutrition-conscious, and obviating many of the ills from which we suffer. The burden falls upon your shoulders because there is no one else in a school staff so peculiarly fitted to

the task. You know the condition of the children. You see the condition of the homes. Constantly suggest the means for improving both until you have attained your aim.

Leaving the school nurse and turning to the nurse in commercial and industrial organizations, we find an evolution taking place. At the National Safety Congress in Chicago in October, 1931, Miss Katherine Faville stated: “The industrial nurse is no longer recognized as a separate entity but rather as one of the group of public health nurses working for the larger purposes of community health.” In June of last year the *Journal of Industrial Hygiene* reported the results of a study, made by the E. S. Patch Company in Boston, and the Eastman Kodak Company in Rochester, of the nutritional condition of young women in their employ. These companies found that, by supplementing the home diet of their employees in the addition of milk and cod liver oil, absence from employment was decreased, efficiency was increased, and the average weight of the girls increased.

To those of you who are nurses for commercial firms I hold this up as an example of what you may do. I shall make no specific suggestions as I think the opportunities for nutrition teaching will present themselves clearly to you. May I say this, however: Your obligations do not end with your duty to your employer and to his employees. As a nurse you owe a great deal to your profession and to the community in general. By taking an interest in the well-being of those under your care, and by letting your interest extend to their families and to their homes your obligations will be more completely fulfilled. You will be more than ever an invaluable member of the community in which you work.

The private duty nurse probably feels that her opportunity in the field of nutrition is very intangible. No doubt it is more so than that of some others, but it is becoming more obvious every day. The need for your help is tangible enough. To those of us who are fully occupied with nutrition work your assistance would mean much. For years we have realized that people do not know how to live. It is not necessary for me to name again the ills that result from injudicious eating in the better homes of today. They are familiar enough to all. Neither is it necessary for me to point out the fact that people are interested in this question of food. Many families who have bought indiscriminately as fancy dictated are having to economize. Now they pause and say "Which shall it be?" The time to start teaching these people, who are just coming to nutrition consciousness, is now. Next week, or next month, or next year, may find this new interest gone.

If you as nurses can teach to your private patients the simple, fundamental principles of nutrition, you will be benefiting, not only those patients, but society in general. You will be removing a stumbling block from the path of the public health nurse. These people hold you as an authority and will accept teaching from you that no one else is in a position to give. Once accomplished, their education will help tremendously in the education of those with lesser privileges.

Those of you who have charge of training schools can help by giving us nurses who are trained in practical nutrition teaching while they are still in hospital. The teaching that is most valuable is

that of fundamental principles of normal nutrition, with diet therapy in second place. To be constructive, such teaching must be adapted to the circumstances of the patient. With this in mind I feel that some contact with the home during training, be the nurse destined for public or private nursing, would develop her abilities measurably.

In conclusion may I say this: In these last hard years, people have awakened to the fact that there are many things they do not do well. They are realizing that their food habits have evolved from custom, not from reason. They want to know, whether their interest is forced by financial conditions, or arises naturally from curiosity. How are we going to answer them? Are we going to take time to recruit a corps of nutrition workers over all the country? Are we going to let our golden opportunity go by? There is an alternative. Can you and will you incorporate into your tasks, which are already many, this much neglected task of teaching good food habits to the nation? Can you and will you lay the foundation stones for a healthier and happier generation than this one?

If you are willing to undertake this task, there are four things you must do. First you must educate yourselves in the science of nutrition. You must also familiarize yourself with existing conditions and determine what the result of such conditions are likely to be. Then, endeavour to make people nutrition conscious. Finally, make nutrition the emphasis in your health teaching, thus, as Professor Sherman of Columbia says, "bringing to a much larger proportion of our people that full measure of health and vigor which only the more fortunate now enjoy."

BOOK REVIEWS

A SHORT HISTORY OF NURSING. By Lavinia L. Dock and Isabel Maitland Stewart. Third edition revised 1931, published by G. P. Putnam's Sons, New York and London. 404 pages.

THE Short History of Nursing has in the past partially satisfied the need for a brief discussion of the evolution of modern nursing to its present status and activities. It was felt, however, that the very sketchy way in which the large amount of material had, of necessity, to be covered, detracted from its value. Something very desirable is lost in only a flashing moving-picture view of results that have grown from painstaking effort. The very purpose of the study of history is not to be found in so doing. The revised edition, in many respects, has altered this. The authors have definitely intended that this little book should interpret to the young reader, the chronological sequence of events, in all countries, in terms of influences, trends, and issues, which have led to and made possible the movements and activities of nursing in the present day.

In the last two chapters they have carefully guided the reader beyond the present, into serious consideration of the morrow with its responsibilities.

Perhaps the greatest contribution that this new volume will make lies in the study helps, to be found throughout the book, and especially in the appendices. New illustrations, bibliographies of helpful reference readings, a glossary of words, historical outlines, as well as outlines of the publications of nursing organisations, will be immeasurably helpful to the reader. The new geographical illustrations, such as are found on pages

21, 53, 189, make more vivid the desirable identification of nursing progress with that of civilisation and social progress. The endpapers of this new volume show, interestingly and graphically, the irregular pathway of this most human service up to the present. They offer possibilities for interesting projects among the students of vocational as well as nursing schools. The reference readings, including as they do readings from political history, histories of medicine, science and public health as well as social history, also help to create the essential feeling that nursing history can only be appreciated in its setting in the lives and philosophy of the people in any age.

This book, in the opinion of the reviewer, should replace the older edition of the Short History of Nursing, and should find a well-earned place on the library shelves of vocational schools, high schools and colleges, as well as those of schools of nursing. The story of nursing has been greatly added to since 1920. This volume brings that story up to date. It might be hoped that the interesting glimpse we get of nursing activities in different countries might some day, in a more leisurely way, be the subject of another volume.

As a preparation for participation in the Congress of the International Council of Nurses this year, the reading of this book will be found agreeable and helpful. To the busy teacher of the history of nursing, its assistance in the form of suggested methods of teaching and sources of information will be unquestionable.

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News Notes

Contributors to this Section are reminded that the address of the Journal is now 1411 Crescent St., Montreal, Que. Copy for this section should reach the Editor not later than the eighth of each month for ensuing issue.

ALBERTA

EDMONTON: At the Annual Meeting of the Edmonton Overseas Nursing Sisters Association the following officers were elected: President, Miss Jessie Chinneck; Vice-President, Miss E. Robinson; Secretary, Mrs. Charles Greenwood; Treasurer, Miss Fanny Munro; Visiting Committee, Mrs. John Turner and Mrs. R. M. Shaw. Discussion regarding funds on hand for a cenotaph took place, and other business included the proposed central directories, under the national organization of Overseas Nursing Sisters, in cities where units are established. Before having the directory printed, it was pointed out, names of all former nursing sisters in city and province should be sent to the secretary. Mrs. John Lee, only honorary member of the club, was welcomed back after a long absence, and Mrs. A. C. Rankin assisted Mrs. Orr at a social hour following the meeting.

BRITISH COLUMBIA

VANCOUVER: The Annual Meeting of the Graduate Nurses Association of British Columbia will take place in Victoria, on Easter Monday, April 17 and 18. Election of officers will be held at this meeting.

NEW BRUNSWICK

SAINT JOHN: The regular meeting of the Alumnae Association of the Saint John General Hospital was held at the home of Mrs. A. O. Burhan, with the President, Mrs. G. L. Dunlop in the chair. The recent bridge party netted a substantial sum, which is to be used to buy material to make clothing for needy children. The sum of ten dollars was voted to the Women's Council Milk Fund. Miss Kathleen Snelling has joined the staff of the Saint John General Hospital as supervisor on the Male Surgical Ward. Miss Harriett McIntosh has returned to Saint John from New Jersey. Friends of Mrs. Eugene Wells (Jean Muriel Wade, class of 1910), heard with regret of her death in Montreal on January 15th, 1933. For eleven years Mrs. Wells was a member of the V.O.N. staff and, for seven years, was in charge of the Verdun district.

NOVA SCOTIA

HALIFAX: A meeting of the Registered Nurses Association was held in Halifax, January 7, 1933. General satisfaction was expressed when it was announced that two of the smaller hospitals in the Province are planning to discontinue their training schools. It was agreed, with the approval of the Board of Examiners, to raise the pass mark from 40 to 50, and the average from 50 to 60 for nurses taking examinations for Registration in the Province. It was strongly recom-

mended that all Schools of Nursing should employ fully qualified instructors or nurses who at least have had some special preparation for teaching. Private duty nurses reported great difficulty in obtaining employment.

ANTIGONISH: A special course in Nurse Education has been arranged with the Extension Department of St. Francis Xavier's University, covering a period of four weeks, from February 6 to March 3, 1933. This course has been inaugurated principally for instructors, in our various schools of nursing, in order to help them qualify for standard requirements. Professor Weir in his survey of Canadian Schools of Nursing recommends a special training for instructors. As a result of this recommendation, the Extension Department of St. Xavier's University offers short courses, by which nurses may receive a special training that will better qualify them for the work of teaching. The following subjects will be taught in the first period of the course: Educational Psychology, Principles of Education, Mental Hygiene. Thirty hours will be devoted to each subject. The professors of this course are Rev. M. M. Coady, D.D., Ph.D., in Education; Rev. J. Boyle, M.A. in Education (Columbia); Mr. A. F. Chaisson, M.A., in Education (Harvard) and Mrs. A. F. Chaisson, M.A. and specialist in in Mental Hygiene.

REGISTERED NURSES' ASSOCIATION OF ONTARIO

DISTRICT 1

ST. THOMAS: Heartly endorsement was given at the meeting of district No. 1 of the Registered Nurses' Association of Ontario, to the new School of Nursing at the University of Toronto. The letter explaining the plan was ordered sent on to superintendents of nurses training schools for consideration. A request was made for a refresher course for private duty nurses in the district and a committee named to go into the matter. Election of officers resulted as follows: Chairman, Miss Priscilla Campbell, Chatham (re-elected); Vice-Chairman, Miss Mildred Walker; Sec-Treasurer, Miss Leila Curtis; Counsellors, Miss Connolly, Mrs. Wilson, Miss McPhedren, Miss Lee, Miss Mahoney, Miss Hastings; Public Health Convener, Miss Hoag; Private Duty convener, Miss Anne Campbell; Nurse Education, Miss Jacobs-Bennett; Miss C. Sutherland; Nominating, Miss Lucille Armstrong; Permanent Education, Mrs. Hedley Smith. The invitation of Chatham to hold the next meeting there was accepted. Miss Winnifred Robertson of the Hospital for Sick Children, told about the work at the Grenfell Medical

Mission. Dr. R. A. MacPherson dealt with "The Use of Opaque Media in X-ray Diagnosis", and Miss Isabel McIntosh of Hamilton gave a resumé of the history of nursing organizations.

DISTRICTS 2 and 3

BRANTFORD: The mid-winter meeting of Districts 2 and 3 of the Registered Nurses' Association of Ontario, took place at the Freeport Sanitarium. Mr. Long, Secretary of the Board of Directors, welcomed the nurses. Dr. E. N. Coutts, Medical Superintendent, addressed the meeting, his subject being The Control of Tuberculosis in the Community. Miss A. E. Bingeman and her staff conducted the nurses through the well-equipped new sanitarium. High tea was served. Nurses were present from Stratford, Owen Sound, Guelph, Galt, Preston, Simcoe, Woodstock and Brantford. The next district meeting of the Association will be held at Goderich in the middle of June. The annual meeting of the Florence Nightingale Club took place recently. The following officers were elected for the coming year. President, Mrs. J. N. Mitchell; Vice-President, Miss A. Thompson; Treasurer, Miss MacMillan; Secretary, Miss T. Dawson; Press Representative, Mrs. Maloney. Following the business meeting, the graduate staff of the Brantford General Hospital was entertained, Mrs. J. Y. Mitchell and Miss H. Kerr acted as hostesses. Miss Frances Batty, Class 1930, Brantford General Hospital, is doing industrial nursing in the city.

STRATFORD: Miss R. Johnson (1929) and Miss I. Wilson (1929) have completed their post graduate course at Whitby, and have received appointments on the staff at the Ontario Hospital, London.

DISTRICT 4

The sixth Annual Meeting of District 4 of the Registered Nurses Association of Ontario was held on February 3, 1933. The Chairman, Miss A. Wright, presided. The reports of the Secretary-Treasurer showed a considerable increase in membership and the finances in good condition. It was our privilege to have as guest speaker, Miss Nora Nagle, who gave a most interesting talk on "International House", from its small beginning in 1910 until the present time, when students from upwards of seventy countries live as one large family while attending university. Miss Wright thanked all who had assisted in making the meetings a success and urged the members to keep the Permanent Education Fund very much before them. The following officers were elected for 1933: Chairman, Miss C. Brewster; Vice-Chairman, Miss M. Park; Sec-Treasurer, Mrs. N. Barlow; Councillors, Miss E. Rayside, Miss A. Wright, Miss E. Moyer, Miss J. Marshall, Miss J. Allen, Miss E. Smith; Nurse Education Councillor, Miss E. Chisholm; Public Health Councillor, Miss C. Taylor; Private Duty Councillor, Miss E. Moran.

DISTRICT 5

The eighth Annual Meeting of District 5 R.N.A.O. was held in Toronto, on January 27, 1933, with about one hundred and ten members present. After the annual reports were presented, Miss Rhano Beamish, in her address as retiring President, gave a resumé of the year's activities. The district convener of the Permanent Education Fund Committee reported that contributions had fallen much below the quota for 1932. After considerable discussion, the committee was asked to make a study of various types of group effort for raising money for this fund. Dr. George Young, of the staff of the University of Toronto, gave an interesting and practical address on symptoms of Diseases of the Digestive System. The following officers were elected for 1933: President, Miss Dorothy Mickleborough; Vice-President, Miss Eileen Ditchbourne; Sec-Treasurer, Miss Irene Wiers; Chairman of District Sections, Nurse Education, Miss Nettie Fiddler; Private Duty Section, Miss Bertha Hall; Public Health, Miss Elvira Manning; Councillors, Miss Esther Strachan, Miss E. J. Johnston, Miss Barbara Spence, Mrs. G. A. Sherritt, Miss M. E. Bullick, Miss Edna Moore.

A meeting of the Community Health Association of Greater Toronto was held on February 3, about sixty members being present. Revision of the constitution was discussed with reference to the following: Advisability of including lay members in the Association; merging the group with District 5, R.N.A.O., as a Toronto Chapter of Public Health Section; continuance of the group with its present autonomy. An expression of opinion, to be used as a basis of study by the executive, showed that the members present were in favour of the inclusion of lay members.

DISTRICT 8

Nurses of District 8 were privileged to have as their speaker at their annual meeting on January 26, 1933, Miss Elizabeth Smellie of the V.O.N. for Canada. Miss Smellie gave a very interesting address on Some Impressions of Nursing in Europe. At the business meeting satisfactory reports of the year's work were presented and the following officers elected for the ensuing year: Chairman, Miss Dorothy Percy; Vice-Chairman, Miss Blanche Anderson; Sec-Treasurer, Miss Grace Tanner; Councillors, Miss E. C. McIlraith, Miss M. Graham, Miss M. Slinn, Miss R. Pridmore, Miss Brady and Miss M. Robertson.

The fourth annual meeting of the Alumnae Association of the Ottawa Civic Hospital School of Nursing was held recently. After the reading of reports, which testified to a successful year, the following officers and committees were elected for the ensuing year: Hon. President, Miss Gertrude Bennett; President, Miss Edna Osborne; First Vice-President, Miss Dorothy Moxley; Second Vice-President, Miss Lena Barry; Recording Secretary, Miss Martha McIntosh; Correspond-

ing Secretary, Miss M. Downey; Treasurer, Miss Winnifred Gemmell; Councillors, Miss K. Clarke, Miss Webb, Miss G. Froats, Miss B. Edey and Miss E. Lyons; Representative to Central Registry, Miss Inda Kemp and Miss K. Clarke; Press-Correspondent, Miss Evelyn Pepper; Convener Flower Committee, Miss M. MacCallum.

DISTRICT 9

The Annual Meeting of District 9, R.N.-A.O. was held recently in North Bay. Miss Mary Millman, President of the R.N.A.O., spoke on the problems and proposed changes put forward in the Survey. Dr. G. W. Smith dealt with economic aspects of medical and nursing practice. Dr. W. S. Butler gave an address entitled *Discoveries in Medicine by Laymen*. Miss Marguerite McDonald, instructress of St. Joseph's Hospital, gave a paper on Socialization of Nursing Service. Miss Katherine MacKenzie was re-elected as President. Other officers elected are: Vice-President, Mrs J. McCausland; Secretary-Treasurer, Miss Robena Buchanan; Councillors, Miss Jean Smith, Miss E. Tromley, Miss Blanche Sutton, Miss Bertha Wilson, Miss A. Quinlan and Rev. Sister Felicitas.

Miss Edith G. Stevenson has been transferred from North Bay to the Montreal staff of the Victorian Order of Nurses. Miss Frances Dacker (Victoria Hospital, London), graduate in Public Health from Western University, has received the appointment of Victorian Order Nurse in North Bay.

DISTRICT 10

The regular meeting of the R.N.A.O. District 10, was held on February 2, with Mrs. Edwards in the chair. Plans were made for a tea and bake sale with Mrs. Wellington, Mrs. Edwards and Miss MacNamara as conveners. The proceeds will be devoted to the relief fund. Miss Vera Lovelace read an interesting report from the Board of Directors Meeting held in January. Dr. Ballantyne gave an interesting address on Hospitals in the British Isles.

TORONTO WESTERN HOSPITAL: Miss Kathleen McMillan (class 1929, Toronto Western Hospital) who is attending McGill University, spent the Christmas holidays at her home in Durham.

HOSPITAL FOR SICK CHILDREN: Miss F. J. Potts visited Toronto recently. Miss M. Isaacs, who has been ill for some months has gone to New Orleans for the winter. Miss P. Adam is doing private duty at the Locksley Rest Home. Mrs. Bryce Fleck (Gertrude Baker, 1916) of Vancouver has been visiting in Ottawa and Toronto. Miss M. Merritt (1899) is doing Public Health Work in Jersey City. Mrs. W. L. Billings (Joan McLaren, 1927) is back in Toronto. Miss Dorothy Mitchell (1920) is doing Post Graduate work in Obstetrics at the Women's College Hospital, Toronto. Miss Muriel Bazin (1930) is on the Operating Room staff of the Children's

Memorial Hospital, Montreal. Miss I. Chester (1930) is on the Operating Room staff of the Hospital for Sick Children, Toronto. Miss Isabel Miller (1932) is doing Post Graduate work at the Montreal General Hospital. Miss A. Hulbert (1932) is doing Post Graduate work in Obstetrics at the Royal Victoria Hospital, Montreal. Miss E. Borland and Miss B. Linklater (1932) are doing Post Graduate work at the Ontario Hospital, Whitby. Miss I. Winter (1932) is taking a Post Graduate Course at the Children's Hospital, Cincinnati. Miss K. Scott (1932) is taking P.G. in Operating Room at the Montreal General Hospital.

TORONTO: A meeting of the Instructors' Section of the Centralized Lecture Course for Student Nurses was held January 26, 1933. Miss Palliser presented a comprehensive study of Nursing on Canada during the period 1600 to 1759, the material for which had been prepared by Miss Gastrell and Miss Blair. With the accompanying illustrations and list of references, considerable information of a political and social nature was obtained, in addition to that of nursing. It was decided to purchase a copy of "History of Medicine in the Province of Quebec" by Maude E. Abbott for the use of the section. The next era to be studied is that of 1759 to 1812, reports of which will be heard at the February meeting.

TORONTO: The Annual Meeting of the Grant Macdonald Training School Alumnae Association was held on January 29, the President, Miss Ida Weekes, in the chair. Plans were made for a bridge and dance. Election of officers resulted as follows: Hon-President, Miss Esther Cook; President, Miss Ida Weekes; Vice-President, Mrs. Marion Smith; Recording Secretary, Miss Norma McLeod; Corresponding Secretary, Miss Ethel Watson; Treasurer, Miss Phyllis Laurence; Social Convener, Miss Kathleen Cuffe.

ST. JOSEPH'S HOSPITAL, HAMILTON: Miss Georgina Morrow is taking a post-graduate course in the Royal Victoria Hospital, Montreal. Miss Marie Barrie (St. Joseph's Hospital, 1932) entered St. Joseph's Convent on January 6th. Miss Gladys Oliver has completed her dietetic course in Chicago and has returned to Ingersoll. A largely attended bridge party was held on January 4, under the convenership of Miss Eleanor Gerwith, assisted by her committee Misses A. Melody, V. Rogers, L. LeQuier, T. Crosley and H. Kelly.

KINGSTON GENERAL HOSPITAL: Miss Margaret Blair (class of 1931) has been appointed assistant operating room supervisor to fill the vacancy created by the marriage of Miss Ruby Halbert (class of 1929) to Dr. John Dennison of Fort William. The cancer clinic will shortly be opened.

The third and fourth floors of the Empire Wing are undergoing renovation and equipment is being installed for deep X-ray treatments.

A. A. GENERAL HOSPITAL, SAULT STE. MARIE: The regular monthly meeting took place on January 10, 1933, with the President, Miss Lillian Goatbe, in the chair. This meeting was held in conjunction to the Junior Alumnae Association. Dr. A. S. McCaig gave an interesting and instructive address on health. Miss L. Hehn, secretary of the junior association, explained the introduction of Professor Weir's Survey, and a pleasing musical programme was furnished by members of the junior alumnae. During February it is expected that final arrangements will be made to from a Registered Nurses Association. The officers of the Junior Alumnae Association are: President, Miss E. Rooney; Vice-President, Miss F. Horsford; Secretary, Miss L. Hehn; Programme Committee, Miss M. Douglas; Social Convener, Miss A. O'Connor.

WHITBY: The Alumnae Association of the Ontario Hospital, Whitby, held their annual dance on February 3, 1933. This event was the second annual affair of this kind. Members of the executive are: President, Miss B. Robinson; Vice-President, Mrs. A. Rodgers; Sec-Treasurer, Miss K. Gilchrist; Corresponding Secretary, Miss G. Hanthorn; Social Committee, Miss R. Delling, Mrs. M. Sutton and Miss C. Fennegan.

QUEBEC

The thirteenth Annual Meeting of the Association of Registered Nurses of the Province of Quebec was held in Montreal on January 30 and 31, 1933, all business being, as usual, conducted in both French and English. The President, Miss Mabel K. Holt occupied the chair at all sessions, except that of the afternoon of January 31, which took the form of a joint meeting of the sections, with Miss Marion E. Nash, Convener of the Public Health Section, presiding. At the first general session Miss Holt delivered the Presidential Address and a number of reports were presented. The Registrar, Miss E. Frances Upton, reported a paid-up membership of 2,773 and that the non-active list includes 664 other members who are not practising in the Province. Registration certificates issued during 1932, included 210 by examination, 166 by University affiliation (French examination), 17 without examination, and 42 by reciprocity, a total of 423 (as compared with 591 during 1931). The members in good standing are classified as follows: Institutional nurses, 845; private duty nurses, 1341; public health nurses, 500; doctors office, Red Cross, etc., 87. The report of the official school visitor showed 39 schools on the approved list of the Province and 8 others which do not meet minimum requirements. There were 36 official school visits made during the year. The report of the Board of Examiners showed that the pass-mark had been raised to 60% with a proportionate increase in the number of failures. Examinations were held at three centers in April and October. The report of the Treasurer showed in-

creased expenditures due to the production of a translation of Dr. Bazin's *Résumé* of the Survey Report, of which there are many unsold copies on hand. At the evening session there was a capacity audience (approx. 600), the speakers and topics being as follows:—Miss Ethel Johns, Reg. N. Editor and Business Manager, *The Canadian Nurse*, whose address entitled, "Facing the Facts," was most inspiring and fired the audience with enthusiasm to go forward and accomplish. Miss Elizabeth Smellie, R.R.C., R.N., Chief Superintendent, Victorian Order of Nurses for Canada, spoke on, "Some Impressions of Nursing in European Countries," and carried her audience, in her own inimitable way, across the Atlantic and through the various countries she has visited, much to the enjoyment of all present. Monsieur Edouard Montpetit, B.A., L.L.D., Secrétaire générale de l'Université de Montréal, contributing a very interesting paper in French on "The Social Point of View in Nursing." Votes of thanks were presented to the speakers, in both languages, by Miss Margaret Moag, R.N. and Mademoiselle Rachel Paradis, G.M.E. On January 31, the Executive Secretary and Registrar addressed the French Sisters, who are directresses and teachers in our French schools, on "Various Aspects of the Survey Report." There were approximately 600 members present at the afternoon session, when the following topics were dealt with by the various speakers:—Nutrition—its emphasis in a Health Teaching Programme, was presented in English by Miss Rose Chambers, B.Sc., Nutrition Supervisor V.O.N., and in French by Miss Marion McColl, M.Sc., Nutrition Advisor, Metropolitan Life Insurance Company, Montreal; Miss Ethel Johns also contributed further to our work with a paper on "Vitalization of Teaching." Votes of thanks to speakers were presented, in both languages, by Miss Elsie Allder, R.N., and Mademoiselle Suzanne Giroux, G.M.E. Tea was served at the close of the session. The evening session brought the meeting to a close when the following speakers were enthusiastically received and appreciated:—Miss Jean I. Gunn, R.N., member Joint Study Committee, Survey of Nursing Education in Canada, who spoke on Educational Adjustments recommended in the Survey Report; A. Grant Fleming, M.C., M.D., D.P.H., professor of Public Health and Preventive Medicine, McGill University, the title of whose address was Socialization of Medical Services; and J. A. Baudoin, M.D., D.P.H., Professeur d'Hygiène et directeur de l'Ecole d'Hygiène Sociale appliquée de l'Université de Montréal, who dealt with Vital Aspects of Public Health Nursing Service. Votes of thanks were presented to the speakers, in both languages, by Miss Esther Beith, R.N., and Madame Rachel Bourque, G.M.E. The following officers were elected: President, Miss C. V. Barrett, R.N.; Vice-President, (English Miss M. L. Moag, R.N.; Vice-President, (French) Rév. Soeur Allard, G.M.E.; Honorary Treasurer, Miss

M. E. Nash, R.N.; Honorary Secretary, Miss Elsie Alder, R.N.; other members, Rév. Soeur St. Jean de l'Eucharistie, G.M.E., Mademoiselle Edna Lynch, Misses Mabel K. Holt, Sara Matheson and Charlotte I. Nixon, R.N.

MONTREAL: The twenty-sixth Annual Meeting of the Montreal General Hospital Alumnae Association was held on January 13, 1933, the attendance being the largest in the history of our Association. At the close of the business session, the meeting resolved itself into an old fashioned M.G.H. family re-union, to which were invited the members of the Senior class of students in the School. Our party this year was mingled with sadness, for it necessitated our farewell to Miss Webster. It is impossible at this moment to visualize this old place without her, but we know she has earned the joy of the home life to which she is going, and we are happy that she is happy, and bid her God speed. We bestowed our parting gifts upon her with renewed expressions of our love for her, and our everlasting gratitude for all that she has done for us, for our beloved hospital and nursing in general through her wonderful service of thirty-two years as Night Superintendent of the M.G.H. Her parting gifts from her associates include a clock from the hospital clerical staff, a fitted travelling bag from the Alumnae Association, the nursing staff and dietitians of the central and western divisions, and the student nurses. The interne medical staff had her photographed, and during a tea in their residence, unveiled her life-sized picture, which adorns the walls of their living room. It has been whispered abroad that the attending medical staff have given orders for her painted portrait, which will hang in the nurses' residence in company with that of the founder of our School, Miss N. G. E. Livingston, and her successor Miss, Zaidee Young, R.R.C., whose memory hallows its halls. In acknowledging our gifts, Miss Webster related some of her early experiences as a probationer, much to the delight of all present, and with the singing of Auld Lang Syne, we bade her au revoir.

Miss Christina Denovan has succeeded Miss Jennie Webster as night superintendent. Miss Denovan has been assistant night superintendent for the past two years. Miss Martha Macdonald, supervisor of Ward O for the last four years, has been appointed assistant night superintendent. Miss Grace Pounden has replaced Miss Macdonald on Ward O.

MONTREAL: At the February meeting of the Royal Victoria Hospital Alumnae Association, an interesting paper on Nursing in Epilepsy was given by Dr. Wilder Penfield. Miss Ethel Sharpe has resigned from the Teaching Department, and on February 16, the student nurses entertained at tea in her honour in the Nurses Home. Miss Helen Mills (R.V.H. 1933) is taking a course in X-ray technique under Dr. Pine. Miss Eileen Christmas (R.V.H. 1932) has accepted the

position of Supervisor of Operating Room in St. Luke's Hospital, Montreal. Miss E. C. Flanagan (R.V.H. 1923), who has spent the last eight months visiting hospitals in England, expects to return to Montreal this month. Miss Phyllis MacFarlane (R.V.H. 1930) has completed the course in Public Health at Western Hospital, and is doing public health work in Burlington, Ont. Miss Elsie Alder (R.V.H. 1921) has accepted the position of Assistant Supervisor, Women's Pavilion, R.V.H., and Miss Helen Sharpe (R.V.H. 1927) has succeeded her as Supervisor of the Out-Door Department.

JEFFREY HALE HOSPITAL: At the February meeting of the Alumnae Association, Miss C. E. Armour, lady superintendent of our hospital gave a very interesting account of the annual meeting of the Provincial Nurses Association and also an account of a special meeting held in connection with the problem now facing the McGill School for Graduate Nurses.

SHERBROOKE: The regular meeting of the Graduate Nurses Association of The Eastern Townships was well attended. After a short business meeting, the President, Miss H. Hetherington, introduced the speaker of the evening, Miss Wilson, of Saranac, who gave an interesting address on the nursing of tuberculosis. Miss Hetherington and Miss Hatch represented the Association at the annual meeting of the A.R.N.P.Q. in Montreal.

SASKATCHEWAN

MOOSE JAW: A series of lectures on psychology is being given by Professor R. J. Gagne of the Moose Jaw Normal School. These are being well attended by both graduate and student nurses. The Moose Jaw Medical Association entertained the student nurses of the Providence and General Hospitals at a dance on January 26, 1933. Miss Thelma Friesan, graduate of the Providence Hospital has left for Prince Arthur Sanatorium, Prince Albert, where she is taking a post graduate course in tuberculosis nursing. An examination for candidates desiring provincial registration was held on January 10, 11 and 12, 1933.

THE ASSOCIATION OF REGISTERED NURSES OF THE PROVINCE OF QUEBEC

(Incorporated 1920)

The Spring examinations for qualification as "Registered Nurse" will be held in Montreal and elsewhere on April 24-25-26th, 1933.

Application forms and all information may be procured from the Registrar. All applications must be in the office of the Association by March 31st. **NO APPLICATION WILL BE CONSIDERED AFTER THAT DATE.**

Results of examinations will be published on or about June 5th, 1933.

E. FRANCES UPTON, R.N.
Executive Secretary and Registrar

DEATHS

BAIKIE—A notable nursing career of 40 years came to an end in January with the death of Miss Elizabeth Baikie. She was a graduate of the Montreal General Hospital and was night superintendent of that institution for fourteen years. Untiring in her efforts to promote discipline and efficiency, austere in her own life, she was very human in her dealing with the patients and the sometimes bewildered nurse.

Miss Baikie later held the position of Lady Superintendent of the Jeffrey Hale Hospital in Quebec. Quiet and reticent, of very deep feeling, strong in her affection

for her friends, loyal to her superior officers and her school, she set herself a high standard and encouraged others to aspire towards it.

SEDGWICK—On January 12th, 1933, at the Kingston General Hospital, Mrs. Frederick Sedgwick (nee Mildred Harrington). Mrs. Sedgwick's death was peculiarly sad in that her marriage took place as recently as September, 1932.

WELLS—On January 15th, 1933, in Montreal, Mrs. Eugene Wells (Jean Muriel Wade, Saint John General Hospital, 1910).

Report of Survey on Nursing Education in Canada

Copy of the Survey Report may be obtained by sending orders to the Secretary of each provincial association of registered nurses.

Miss Kate S. Brighty, Administration Building, Edmonton, Alta.

Miss Helen Randal, 516 Vancouver Block, Vancouver, B.C.

Mrs. S. Gordon Kerr, 753 Wolseley Avenue, Winnipeg, Man.

Miss Maude Retallick, 262 Charlotte Street, West Saint John, N.B.

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Miss Matilda Fitzgerald, 380 Jane Street, Toronto, Ont.

Miss Edna Green, Charlottetown Hospital, Charlottetown, P.E.I.

Miss E. Frances Upton, Suite 221, 1396 St. Catherine Street W.,
Montreal, Que.

Miss E. E. Graham, Regina College, Regina, Sask.

Also from Canadian Nurses Association; 401 Creseent Building,
Montreal, Que., and University of Toronto Press, Toronto, Ont.

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OFF DUTY

This is a page you do not have to read . . . it will not help you to develop nursing skills . . . nor even raise the standards of nursing education . . . its effect upon Boards of Directors in Hospitals will be practically nil . . . unless they have a sense of humour . . . some of them have . . . public health nurses need not cut it out for insertion in their manual of procedure . . . private duty nurses need not read it to their patients . . . all we really want to convey is that we do not consider two dollar bills unlucky . . . why not obey that impulse? . . . pin one to the little cut-out at the bottom of the page . . . of course, we prefer a postal note . . . seems more businesslike . . . cheques we do not despise . . . when some rare spirit adds FIFTEEN CENTS for exchange we write her name on our heart . . . it will be found there after our demise . . . it looks as though there would be lots of room . . . so few do it . . . send the fifteen cents, we mean . . . not demise . . . this idea of writing with dots between did not originate with us . . . Isabel Paterson does it in the *New York Herald-Tribune* . . . but even she admits that H. G. Wells thought of it before she did . . . and we don't believe he would object to our plagiarizing him . . . perhaps he does not take *The Canadian Nurse* regularly . . . in which he resembles quite a number of people who should know better . . . anyway, we are going to take a chance . . . if he writes to object, we shall sell his autograph and get out a special edition to celebrate . . . unless we get a few tangible tributes pinned to the dotted line, we shall probably keep on writing like this . . . so you know what to do about it . . . SIGN ON THE DOTTED LINE.

THE CANADIAN NURSE

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.....Miss Jean S. Wilson.

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- 3—Chairman Public Health Section.
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The Canadian Nurse

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No. 4

REDUCTIONS OR DEFICITS

KATHLEEN W. ELLIS, Superintendent of Nurses, Winnipeg General Hospital.

Possibly if these two words, so familiar in the present day, had been associated in this order in the minds of men, this tale would not have been written; readers of the *Journal* would have been spared much, and those facing stern administrative problems, still more. If judicious reductions, curtailment of waste, more forethought when planning even minor extensions, had been effective in public and private enterprises, consistent economy might have taken the place of "drastic cuts".

Preceding the present depression, for a number of years public opinion, that intangible but all-powerful thing, has favoured expansion. Countries and cities proudly boasted of the amount of money spent on this or that; lists were published annually, as human beings vied with one another in a programme of expenditure under which the world is now groaning. Even private individuals were judged by the same standards. That hardest of task masters, public opinion, decreed that it was to be so.

It is not a far cry from the days when, to have graduated the largest, as well as the most sought after and beautiful class, was the claim proudly made, annually, by

those who were actively and sincerely interested in the education of nurses. Suddenly, how suddenly, the picture has changed and there has developed what is termed a world-wide depression, affecting alike expenditure and employment. We find ourselves faced with deficits—excess of liabilities over assets, and the necessity for reduction, the professional interpretation of this word being "restoration to a normal position". We, at the moment, are specially concerned with that particular phase of this restoration which affects hospitals and training schools; since at present the latter are an integral part of the former, and must remain so, unless a complete reorganization takes place.

As an outcome of the World War and apparent dearth of trained assistance, we produced nurses fast and furiously. Figuratively speaking, we said that people are ill and always will be ill, sometimes by reason of over-indulgence in the so-called luxuries of life. The demand for nurses seemed so urgent that short courses were inaugurated, and alluring pictures painted of the opportunities that awaited the young woman when she stepped forth into the world as a graduate nurse. These pictures were not the

mere fantasies of disordered minds, although they have faded as quickly as though they had been. Nurses who previously spent many months in the year moving from place to place, idle but interested, are now stationary. The world in its mad career has been called upon to halt—to stop, to look and listen, if we will.

Furthermore, we have done some intelligent teaching to intelligent people, many of whom have learnt to order their lives in such a way as to keep well. Those who might otherwise seek hospital treatment cannot afford to do so, so they remain at home and hospital beds are empty, and hospital incomes seriously depleted. People cannot pay for special care, and nurses go unemployed. There is one note of encouragement in this picture of professional gloom: the demand for graduate nurses specially qualified as teachers, hospital administrators, public health workers and specialists, remains fairly constant. A hint to the rising generation of nurses.

We are all willing to recognize the necessity for reduction on general principles while loth to submit to it ourselves, or to apply it to that in which we are particularly interested; a natural sense of self-preservation and a justifiable pride in the undertaking establishes in our minds a very real reason for claiming immunity. Yet, if it is to be effectual in any type of organization, this reduction must be general, and the wider its distribution, the less likelihood of a serious disruption of service.

It is a lamentable truth that the most vulnerable point of attack is usually personnel—reduction in numbers and salaries. To one versed in the secrets of administration the reason is obvious. The steady stream of salaries soon depletes the treasury of the institution; other expenses may vary from

month to month, but this remains. It has long been recognized that, when there is a surplus of any commodity in the market, its value decreases. Mass production and machinery have brought about this condition—there is a surplus of workers in almost every field, and their value, as such, has decreased. It is an unpleasant fact, but one that cannot be refuted.

A more even distribution of the money and labour available seems a logical solution of this dual problem. Shorter hours, with lower salaries, are apparently inevitable, and there will be few of those employed who will not welcome the former. These may be effected by leave of absence, hourly and part-time employment, a five-day week, and even an eight-hour day for the private duty nurse. Whatever method is adopted, it is likely that more leisure will result. It is not surprising to learn from the Weir Report that nurses are ignorant of the proper use of such a commodity which, until recent years, rarely came within their ken.

Arguments against changes which involve upset routine, and undesirable irregularities, are not a legitimate reason for declining to participate in adjustments. Is any group, or institution, privileged to refuse to be upset when the world is turned upside down and thousands stand unemployed? A little less self-indulgence for all—employer and worker, doctor, patient and nurse alike. Sacrifices there must be, but divided sacrifices they may be, if made in a spirit of co-operation and interest in our fellow-men. Some patients can do with a little less nursing, and this without foregoing essentials; some doctors can modify their demands. Routines may be modified and procedures simplified.

Is it not true that every large institution has an accumulation which seldom comes in entirety to

the knowledge, or vision, even of the hospital administrators themselves? A systematic and unprejudiced survey would reveal instruments, requisitioned last year, which this year have been laid aside; expensive drugs no longer required; particular devices or pieces of equipment that Miss Blank ordered but which her successor feels to be worse than useless. Locks and keys manufactured to guard imaginary secrets, as evidenced by their disuse. It would be no exaggeration to state that thousands of dollars might be written off in the profit and loss columns, with emphasis on the loss, were an accurate statement to be rendered of this phase of hospital work or waste. Nor does one believe that the best regulated institution is exempt. A truthful and frank exhibit of this kind might well prove an interesting one at some hospital convention.

It has been suggested that one or two institutions giving a varied type of service should be used as testing houses for new systems and devices, and information made available regarding the relative merits and demerits of these, before investments are made. Of recent years, closer co-operation and a better interchange of ideas has grown up between those engaged in administrative work throughout the North American continent. This may well be developed further.

The human element also enters into the complex question of hospital liabilities. Surely superannuation, health insurance and like provisions must be considered when formulating plans for reduction. With the greatest respect for, and appreciation of, services rendered, one cannot be blind to the fact that institutions should not be called upon to bear the expense of this recognition, either by retaining an employee after he or she has reached the time in life when they are justly entitled to rest and retirement, or by bearing the expense of a long illness for which, as often as not, the institution is in no way responsible. Many highly organized business concerns have already recognized the need for providing for this inevitable emergency towards which we are all travelling.

It is the responsibility of hospital administrators and executives to see that the burden is justly and evenly distributed without fear or favour, that retrenchments are sanely and wisely made, that the points of least resistance are not too hardly pressed. But it is a responsibility which they cannot bear alone. It has truly been said that "There are some things too big and too serious to be national. They belong to mankind." The present difficulties, nursing and otherwise, may surely be included in this category.

DIETS

A. F. FOWLER, M.D., C.M.

Assistant, Department of Metabolism, The Montreal General Hospital

At the outset, let us define what we understand by a normal diet: it is the customary allowance of food and drink taken by an individual from day to day. The term diet, like many others, covers a multitude of sins. There are both sins of omission and of commission. The former we have with us, especially in periods of famine and depression, but the sins of commission we have with us always. In our profession, we are perhaps more interested in the so-called special diets. Sansum of California, in dedicating his book on Diets, used the following quotation, which, I think, admirably defines what our attitude should be. It is as follows:—"Dedicated to an effort to prevent illness, relieve suffering and prolong life through the proper use of food."

In dealing with the topic of Diets I propose to discuss it under four headings:—

Dietetics in retrospect.

Recent advances in our knowledge of so-called "special diets."

Dietary fads, foods and fancies.

The new diets which we are using in the treatment of diabetes mellitus.

Few of us realize, as we scribble down a few scarcely intelligible hieroglyphics on a special diet requisition, that we are ordering a formula which has been evolved only after years of observation and experimentation. Perhaps it would not be amiss to refer briefly to this science of nutrition in re-

trospect. Human welfare is closely bound up with the provision of shelter, clothing and more especially of food; and the problem of food has always been a subject of pertinent interest, and enquiry. It has engaged man's attention from the earliest times. We may cite, as an example, the effects of the first problem of nutrition. What a mess Adam got us into, because he ate that apple.

It is of interest to investigate the dietary of the Paleolithic man. In the first place, he ate what he could get, but even then,—50,000 years ago—he had a varied diet. He had no occasion to worry about calories or vitamins. He knew nothing about balancing his diet, and cared less. We are told that he ate various wild fruits and nuts, birds' eggs, honey, snails, fish, frogs, beetles and caterpillars which, incidentally, are still considered a delicacy in parts of China. He ate the flesh of many animals, often in a semi-putrid condition. However, people still like rather high game, so we, therefore, cannot hold that against Paleolithic man. At that time, possibly, the easiest job in the world was that of dietitian to a tribe. There was one disadvantage: if the victuals were not to the people's liking, they could eat the dietitian, but I am told, on fairly good authority, that such penalties are not imposed to-day.

It would be interesting to follow man through the ages, but time does not permit. Let us pause and investigate the beliefs that existed at the time of Hippocrates (460-370 B.C.) The belief, at that time, was in the existence of some specific universal nutrient substance in

(Delivered before the Alumnae Association of the Montreal General Hospital.)

foods, which was abstracted therefrom through the alimentary function. The earliest scientific observations concerning nutrition were founded upon the commonly noted fact that, in spite of the ingestion of large quantities of food, a normal man did not vary greatly in size from year to year. Sanctorius, in 1614, was the first to attempt quantitative experiments; he would seat himself in a chair which was suspended from a large steel-yard with a counterbalance; to the counterbalance he added sufficient weight to allow for the food he intended to eat; when the chair dipped he ended his repast. At this time it was recognized that the weight added by the ingestion of food and drink, was lost in the urine, the faeces, and the "insensible perspiration" which we now know to be carbon dioxide and water. Sanctorius, as a result of his experiments, gave the following advice: "If a physician who has the care of another's health, is acquainted only with the sensible supplies and evacuations, and knows nothing of the waste that is daily made by the insensible perspiration, he will only deceive his patient and never cure him."

The modern era of the science of nutrition was opened by Lavoisier in 1780 when he made the celebrated statement: "*La vie est une fonction chimique.*" Lavoisier discovered the true importance of oxygen and gave it its present name. He declared that the life processes were those of oxidation, with the elimination of heat. Magendie was the first to demonstrate the three foremost groups of food-stuffs, that is, carbohydrate, fat and protein, and to evaluate them experimentally. Liebig, in 1846, showed that it was not carbon and hydrogen that burned in the body, but demonstrated that it was carbohydrate, fat and protein. Lavoisier

was executed in 1794 by the Paris Commune, but his work has been carried on by a host of brilliant investigators. Without the information they have given us, we would still be giving the most ridiculous diets, without rhyme or reason.

With this background, let us now consider some of the diets we are using. There are a number of factors which one must consider. In a normal diet the following are essential:—

The diet should consist of sufficient food to supply the caloric requirements of the individual. A patient at rest in bed requires about 1600 calories; an individual with a sedentary occupation about 2500 calories; a man doing hard manual labour may require up to 3500 calories. In other words, the individual should receive a sufficient number of calories to maintain his proper height-weight ratio, in relation to his occupation and habits.

The individual should receive an adequate amount of protein, sufficient to replace the protein that is broken down in the body tissues. Approximately, one gram of protein per kilogram of body weight is sufficient; in the case of children, an extra amount is required for growth.

The diet should contain sufficient carbohydrate to prevent acidosis. Approximately, one gram of carbohydrate to 1.5 grams of fat should be given.

A sufficient amount of mineral-containing foods should be given, more especially those yielding an alkaline ash. The alkaline forming elements are—sodium, potassium, magnesium and calcium. The acid forming elements are—chlorine, phosphorus and sulphur.

The diet should contain sufficient vitamins. If one takes a varied diet there is little cause to

worry about this factor. I say this, in spite of the alarming and ridiculous advertisements one reads to-day on this subject.

An adequate amount of bulky residue-containing foods, such as fruits, vegetables, and possibly bran, should be given. A sufficient amount of fluids is also essential.

So much for a normal diet; food requirements must of necessity vary with changing conditions. Let us now consider the patient with a fever. Due in part to the increased temperature, the metabolism of his body is raised and is increased 10 per cent for every degree of rise in temperature. It is, therefore, essential to give the patient a high caloric diet. In view of the fact that his digestive system is not functioning as well as under normal conditions, it is also advisable to administer the diet in a form that is easily assimilated.

As an example, take the patient suffering from pneumonia. If I ever develop pneumonia, my first consideration will be a good nurse and not a good doctor. The doctor might tell me that it was the lower part of the upper lobe, and not the upper part of the lower lobe, that was involved, but it would interest me little. I wish to be nursed properly and fed logically. Small amounts of glucose drinks, at frequent intervals, are ideal for a number of reasons, namely: Glucose is easily digested and assimilated; it is oxidized readily to carbon dioxide and water; the end products of digestion are easily excreted without putting a strain on the kidneys; the drinks can be made very palatable and have a high caloric value. The glucose drink that we use, is made as follows:—

Glucose 100 gms.
Juice of 2 lemons
Water to 250 cc.

The drink should be served cold, otherwise it may cause nausea and be refused by the patient.

Typhoid fever is another example of the value of a high caloric diet. What a different picture the patient presents to-day as compared with the emaciated individual of a few years ago. The diets of nephritics have also changed considerably. In acute nephritis, one quart of milk per day is recommended and nothing else, except perhaps one of the so-called "iron tonics." In this condition, we are dealing with a severely damaged kidney, and it is essential to limit the amount of fluids. Milk is recommended because the volume of fluid is small; it has a low salt content, which prevents the aggravation of the oedema; the protein content is small, thus reducing the work done by the kidneys in trying to excrete the end products of protein metabolism such as urea; the alkaline-forming elements are in excess of the acid-forming elements and this tends to make the urine alkaline and prevent acidosis; the patient, because of the generalized oedema, has an impaired digestion, and the milk is therefore of value because of the liquid form of the diet and the highly emulsified state in which the fats and proteins already exist in the milk.

In the case of the chronic nephritic, with nitrogen retention, the so-called "dry nephritis", it may be of slight value to limit the amount of protein, although this is open to question. In chronic nephritis with oedema, the so-called "wet nephritis", the patient is losing large amounts of protein in the urine, in the form of albumen. As he loses this albumen, the proteins of his blood are lowered. The lowered blood proteins tend to cause oedema. We are, therefore, dealing with a vicious circle, if we limit

that patient's protein intake. In these cases, it is advisable to give a diet containing a moderate amount of protein, sufficient to supply the body needs, and in addition to help replace that lost by the kidneys. One might discuss at length various other diets which are in common use, such as the Sippy, Lenhartz and so on, but you will recall the words of the Mad Hatter: "I've had enough of this, suppose we change the subject."

I would like now to discuss a few of the fads and fancies in diets. These, for the most part, are sponsored by cultists and quacks, or are sponsored by those interested commercially. There have been, there are and there probably always will be, many diet fads. That these have gained such a wide popularity is due largely to our present day advertising. Without the publicity given to such fads by the radio and press, the food faddists could not long succeed in their propaganda of misinformation. The success of their method depends on the fact that they give some product a fancy name, disguise it physically, if possible, advertise it as possessing marvelous virtues and then sell it at a price out of all proportion to its value.

When we sit down to read the evening newspaper, we are confronted with such headings as "Take off the fat where it shows"—advertising products, some of which contain thyroxin. They take the fat off, but the individual is left with a myocarditis. Another one, "Eat eggs every day and keep healthy." This from a hardware company selling a special steam heated egg-cooker. Then there is the bran fad, "Eat bran and keep well. Be as full of pep in the thirties as in the teens." Some may be greatly helped by bran, and their constipation can be cured, especi-

ally if they happen to have the digestion of an ostrich, but if they have congenitally defective or handicapped digestive tracts, or if they have ulcers, they cannot handle the mass of indigestible material and cannot but help aggravate conditions.

Let us take the yeast fad as another example. If we are to keep well, we are supposed to eat yeast every day. Unfortunately, if you look at the evening paper, you will note certain European teachers, medical men with distinguished titles, allowing their names to be used in advertising this same product. It is recommended for everything, from that tired feeling to a nervous breakdown. Yeast is of value in certain cases, no doubt, but it falls far short of its widely advertised claims.

We are told to eat an apple a day, two oranges, bran, raisins, and we are also told that if we do not drink coffee that has been rushed to our homes at much the same rate as the good news was carried from Aix to Ghent, we will be troubled with everything from insomnia to various digestive disturbances. The only thing that saves us from this impending tragedy is the comedy relief supplied by certain radio artists.

Take the vitamine craze. We are to eat bread that has a high vitamine D content due to the addition of irradiated ergosterol. We are to eat wafers that have been exposed to ultra-violet rays and are a cross between hard-tack and dog biscuits. The average dietary has a sufficiently high vitamine content and it seems on the whole unlikely that the artificial addition of vitamins to these foods would profit any but the firm who could advertise the articles to the advantage of their rivals and sell them to a gullible public.

Let us pause and consider some of the methods advertised to reduce one's weight. There are obesity diets that depend partly on the limitation of fluids. One sees such advertisements as: "Will you give me ten days to prove I can make you slender?" The individual naturally loses weight due to the loss of water. To him the diet has been a success and he will mail his hard-earned dollars to the concern. In losing weight, it is well to remember that the first few pounds are the easiest to take off.

Practically this same principle is used by the manufacturer of saline cathartics who advertise such glaring headlines as "Away with that excess fat you're dragging around." "Modern fashions make no secret of the figure." Well, perhaps they don't. Just last night, I came across the following: "She was born, she lived, she loved and was loved, and she was a very unhappy woman." Unfortunately, my sense of humour is such that I can't see much hope that saline cathartics will ever influence our emotions to that extent, or that fat individuals are unhappy. If anything, they are just the opposite.

I would like to say a few words about, and in condemnation of, the eighteen day diet. I am willing to say that one can reduce by taking it, for after all, it consists of between 500 and 600 calories per day. However, the method is too drastic. I would like to discourage the practice. Many of us have seen the results. The individual develops pulmonary tuberculosis. Truly the second state is many times worse than the first.

I am not advocating that people should be careless about what their weight is. Ideally, an individual should be at the correct weight for his height. This has been proved repeatedly by insurance companies who find that the more one

deviates in either direction from the normal height-weight ratio, the greater is the increase in the mortality rate. I would like to relate a story in this connection. The Scotch are a thrifty people and waste very little. In 1868, experiments were carried on in the prisons of Scotland to determine the smallest amount of food that would keep the prisoners up to their admission weight. True to their national characteristic of hanging on to things, seventy-five per cent of the prisoners held their weight, in spite of the diet. This as far as I can ascertain, is one of the first experiments on maintenance diets to be attempted in Scotland; and like most things that a Scotchman does, there was a reason for doing it.

One might continue at some length on this topic, but I hope that I have been able to "debunk" some of the fads we are confronted with: fads which are widely advertised, and advertised in such a variety of ways, that they influence a large number of people. I am reminded of a quotation from Dickens, taken from "Barnaby Rudge": "To surround anything, however monstrous or ridiculous, with an air of mystery, is to invest it with a secret charm and power of attraction which, to the crowd, is irresistible." So much for dietary fads and fancies.

Now in connection with diabetes mellitus, and the high-carbohydrate-low-calorie diet we are using at present; I would like to mention a few points of historical interest. In 1674, Thomas Willis observed that diabetic urine tasted sweet. He described the urine with these words: "It tasted as if there had been sugar and honey in it." Incidentally, most investigators since his time have not questioned this observation. Later, in 1715, Dobson showed that the sweetness was

due to sugar. In 1869, Langerhans discovered the islands in the pancreas which bear his name. In 1889, Von Mering and Minkowski removed the pancreas of a dog and taught us the cause of diabetes. Laguesse in 1893, was the first to suspect that the islands produced an internal secretion. In 1914, Allen advocated the theory of under-nutrition and showed that over-nutrition shortened the life of a diabetic. However, the degree of under-nutrition was such that if the patient did not die of diabetic coma, he died of starvation, although his life was prolonged slightly more than those who did not receive treatment. In 1916, Schaffer suggested that the internal secretion of the pancreas, when it was discovered, should be called "Insulin." In 1921, insulin was discovered by Banting in association with Best, McLeod, and Collip, and as Joslin puts it, "Diabetes is no longer fatal, and the diabetic has ceased to die of his disease."

Let us now consider the diet in diabetes. In the early days, the logical procedure was to give the patients a low carbohydrate diet. However, there has been a gradual tendency to increase the amount of this food and to make the diet approach more closely that of a normal individual. Dietary treatment still constitutes the main factor in handling a diabetic. If a patient cannot keep his urine free of sugar, the blood sugars normal, and maintain his correct height-weight relationship on a maintenance diet, that patient and that patient only, requires insulin.

The diet of a diabetic is based upon the following factors:

- The carbohydrate tolerance.
- The caloric requirement.
- The protein requirement.

The ratio of fatty acid to glucose.

The principle of under-nutrition.

The evolution of the present diet as developed in the Montreal General Hospital has been as follows: Prior to 1928, practically all the diabetics received a diet of C50, F150, P50. An investigation at that time showed that some had improved, while others were worse after having been on this diet. It was observed that the patients who were over-weight were benefited, while the other group which did not improve was made up of patients who were under-weight. The next step then, was to have graded diets for these types of individuals. The patient who was under-weight received a higher caloric diet; the carbohydrate being increased but the fat and protein remaining the same. This diet was, and still is, a very satisfactory one. However, like all diets in diabetes, it should be prescribed by one who is thoroughly familiar with the disease. Each diabetic presents a problem. One cannot take a "text book diet" and apply it to every case.

The high carbohydrate-low caloric diet that we are now using was started two years ago. The results obtained are highly satisfactory, and in our opinion this is the diet of choice in the treatment of diabetes. This diet is recommended for a number of reasons, some of which are:

It approaches more closely a normal diet. No bran muffins, gelatin or diabetic foods are required. The simplicity of management commends itself. In cases requiring insulin, the dosage has been reduced in many instances. The diet still retains the principle of under-nutrition, and is ad-

justed to conform with the degree of deviation of the patient from his normal height-weight relationship.

In closing, I would like to quote from an old volume published by Hodgkin, in 1847:—"As the virgins in the Parable merited the

appellation of wise or foolish according to the provision which they made for the burning of their lamps, so with respect to the preservation of life and health, wisdom or folly may be shown by our use or abuse of the various articles which we consume in the daily acts of eating and drinking."

THE ANNUAL MEETING OF THE GRADUATE NURSES ASSOCIATION OF BRITISH COLUMBIA

The Graduate Nurses Association of British Columbia attains its majority and celebrates its twenty-first birthday at the forthcoming Annual Meeting, which takes place in Victoria, on April 17 and 18, at the Empress Hotel. In keeping with the international spirit of 1933, one of the principal speakers will be Miss Elnora Thomson, President of the American Nurses Association. Former presidents of the Provincial Association are to be honoured guests, and it is hoped that a large number of charter members will also be present. The official program follows:

Monday, April 17:

9.30 a.m., Business Meetings of Sections: Nursing Education, Private Nursing, Public Health Nursing, 11 a.m., Council Meeting. 2 p.m., General Meeting: Presidential Address: Miss Mary P. Campbell, R.N.; Report of the Secretary and Synopsis of the Council Meetings: Miss M. Dutton, R.N.; Registrar's Report: Miss Helen Randal, R.N.; Address: Miss Elnora Thomson, R.N., President of the American Nurses Association. At the close of the afternoon meeting tea will be served by the Alumnae As-

sociation of St. Joseph's Hospital. 7.45 p.m., Dinner at the Empress Hotel. Miss Elnora Thomson will be the chief speaker.

Tuesday, April 18:

2 p.m., General Meeting: Round Table conducted by Miss Grace Fairley, R.N., Director of Nursing, Vancouver General Hospital. Following this meeting, afternoon tea will be served by the Alumnae Association of the Provincial Royal Jubilee Hospital. At 8 p.m., the Report of the Inspector of Training Schools, Miss Helen Randal, will be presented, and Dr. Neil MacDougall, a member of the Provincial Joint Study Committee will speak. The results of the election of officers will be announced and at the close of the meeting, refreshments will be served by the Victoria Graduate Nurses Association.

The good wishes of the **Journal** are extended to the Graduate Nurses Association of British Columbia upon this coming of age. May it prove to be the beginning of new achievements inspired by the pioneer spirit which marked the early years.

THE CURRICULUM COMMITTEE AT WORK

MARION LINDEBURGH, Convener, Standing Committee on Curriculum, Nursing Education Section, Canadian Nurses Association.

Since the progress report published in the March issue of the *Canadian Nurse*, the Central Curriculum Committee has held another meeting, and is now engaged in another aspect of "Curriculum" activity. During the past month the members have undertaken an analysis of the Report of the Survey of Nursing Education in Canada, with a view to securing all statements and recommendations dealing with the education of the student nurse. Just here, it would seem appropriate to point out that the work of the Standing Committee on Curriculum is concerned only with those aspects of the Survey Report which deal specifically with the undergraduate course in schools of nursing, and therefore is not concerned with, nor does it attempt a study of, problems relating to the graduate fields of nursing service.

It might be of interest to readers of the *Canadian Nurse* to describe the general plan adopted by the Central Curriculum Committee, in its attempt to analyze the Survey Report. The whole Curriculum problem was considered under certain inclusive headings and assigned to appropriate members of the Committee, as follows:

Miss Jean Gunn: General educational policies of an approved school with respect to educational facilities, classroom and clinical. Rev. Sr. Allard: The selection of students—age, health, intelligence, personality, adaptability, academic and social background. Miss Marion Lindeburgh: Personal and professional qualifications of members of nursing school personnel (all

those who contribute to the education of the student)—their general responsibilities and relationships. Mrs. Isabel Manson Prince and Miss Margaret L. Moag: The development of preventive and health aspects in the undergraduate course. Miss Isabel MacIntosh: The education of the student to meet the demands of private duty nursing service. Miss Constance Brewster: Curriculum content: (1) Background courses (basic sciences), (2) Professional courses in nursing (classroom and clinical). Miss Ethel Sharpe: Organization of classroom and clinical experiences, sequence and continuity. Methods of teaching (classroom and clinical).

A résumé in French, of the Survey Report, has been prepared by Dr. A. T. Bazin and Dr. J. A. Baudouin, of the University of Montreal. This undertaking was arranged and financed by the Quebec Nurses Association, and the translation should greatly facilitate the study of the Survey Report among our French members.

The Central Curriculum Committee is waiting for further response from provincial presidents, in connection with the organization of their sub-committees. As stated in the March issue of the *Journal*, four provinces have responded. Miss Slattery, Nova Scotia, has the personnel of her committee already selected; Miss Munroe, Alberta, Miss Randal, British Columbia, and Miss Smith, Saskatchewan, have all answered the first appeal and are undertaking provincial organization.

MRS O'FLAHERTY OF MANOR FARM

ELEANOR R. WHEELER

Provincial Health Nurse, Department of Health, Province of Ontario

After walking two miles and a half up the tracks to see the five children who are attending the Canadian Pacific Railway School Car, I walked on another mile to see the mother of three of the children who are so eagerly pursuing their education by getting instruction one week out of every five, and by studying at home the other four weeks. These children had given their address as Manor Farm, so I was expecting a rather up-to-date establishment. However, since I had followed their directions, and since they had told me that theirs was the last house for eight miles, I decided that I must be approaching Manor Farm when I saw a low shack built of logs with the bark still on them, and the chinks filled up with clay. From the tiny chimney a spiral of pale smoke rose to the sky. Tucked into a corner of the rocky hill behind the house, were the barn and chicken coop, also built of logs, but of a more careless type of construction.

I knocked at the door, and the woman who opened it jumped as if terrified at the sight of a stranger.

"Good morning, Mrs. O'Flaherty," I said, "I am the nurse from the Dental Car."

"Come on in, Nurse, you're welcome, sure. I've never seen a stranger here for so many months that the sight of you nearly took my breath away. But I'm glad to see you, Nurse, I am that. I've been here for twenty years and I've never had a nurse to see me before. It was good of you to walk away out here. Three miles it is from the village, Nurse, and it's been

near two years since I walked out to the village, Nurse,—

"How are you feeling, Mrs. O'Flaherty"?

"Oh, I'm fine, I've never been sick a day of my life for twenty years Nurse, not since we came to this country. My husband's a beautiful provider, and we never want for a thing. We're C.P.R. Nurse, you know, and we can have everything we want."

"Your teeth don't look very good, Mrs. O'Flaherty. Do they never bother you?"

"No, Nurse, my teeth are fine, they never bother me at all, at all. I've only six left, and they don't just meet, but oh, they are far better than the false ones my husband got from the dentist. He never gets no enjoyment out of his food at all now, and I can eat anything with mine, and I've never no rheumatism, nor nothing like that, so why should I part with these six good teeth, Nurse?"

"How is your digestion? Can you chew your food properly, Mrs. O'Flaherty?"

"Sure, Nurse, my digestion's fine. I never have a pain nor an ache. But my husband's a beautiful provider, we even have a ricer for the potatoes, Nurse, we never want for a thing."

"When I was examining Mary—

"Yes, Nurse, what did you think of Mary, Nurse? She's my baby, eight years old she was this fall you know, and I guess she'll always be the baby now, for I'm fifty-two this year. She is the last of eight of them, all away now but the three at school, and all doing well, Nurse.

Three boys in the Government camps, one girl in a situation at Winnipeg, and maybe you have heard of Maggie. Her it was that married the teacher, Nurse. Just turned seventeen she was, and I never thought she would do so well for herself as to marry a teacher. You'll have the pleasure of meeting them when you go to the second stop up the line. To think of our Maggie marrying the likes of a school teacher——"

"And about Mary, Mrs. O'Flaherty——"

"Yes, what do you think about Mary, Nurse? You know it's the first time ever a nurse has looked at them, and I've been here twenty years. Next year we get a long service pass, Nurse, anywhere from coast to coast. Won't it be grand to travel, Nurse? Twenty years I've lived in this house, and I've never been more than thirty miles away."

"I thought that Mary looked very thin, Mrs. O'Flaherty. What do you give her to eat?"

"She gets the best food we can get, Nurse. Why, we have fresh pork and potatoes twice every day. My husband's a beautiful provider. We even have a ricer for the potatoes, Nurse, and oh, it makes them beautiful."

"Have you any other vegetables?"

"No, Nurse, we don't like anything else so well as potatoes, Nurse, and we can't get carrots and cabbages and them things to grow, and we haven't had a cow this two years, Nurse, so I guess the children don't get enough milk to drink. Our cow died, Nurse, but we are going to get another next fall, and they drink lots of this canned milk in their tea and coffee, Nurse——"

"But, tea and coffee, Mrs. O'Flaherty, are not——"

"Yes, they get all the tea and coffee that they can drink, Nurse, my husband's a beautiful provider. We even have a ricer for the potatoes, and it does make them beautiful, Nurse."

"Milk, and fresh vegetables——"

"All right, I'll do anything to oblige you, Nurse. It's the first time ever a nurse has come to see us, and I'd like to do anything I can to oblige you, Nurse."

"It is the health of your children that I am thinking about, Mrs. O'Flaherty. If they eat the right food——"

"I'll tell my husband what you say, Nurse. He's a beautiful provider, Nurse. I'm sure I don't know why the children don't get fatter."

Feeling that the topic of food was not getting a proper audience, I thought I would try another subject.

"I noticed that Mary had a great many nits in her hair, Mrs. O'Flaherty, but the boys——"

"We never had such a thing in our lives until the children went to school in the village; that was three years ago, after we were burnt out with the fire, and I've never been able to get rid of them since. She gets her bath every Saturday, and I wash her hair every week and fine-comb it, but it never seems to get a bit better. If the boys get them we clip their hair right off short, but with Mary, she's my baby, you know, Nurse."

"If you would mix equal parts of coal oil and sweet oil—I shall leave you a copy of the directions, and I am sure that with a little work you can get rid of them in a few days." And I explained at greater length the treatment, without more than a dozen interruptions.

"While the Dental Car is here, Mrs. O'Flaherty, don't you think it

would be a good idea for the children to come and get their teeth—”

“Yes, Jimmy’s bothered terrible with the toothache, but he stands it like a man, he does, Nurse.”

“His six year molars are quite gone, Mrs. O’Flaherty, there is nothing left but the roots.”

“I never complain about *my* teeth, and I’ve only six left, but a better six than they are I have yet to see, and sure, Jimmy can get on with the mouthful he’s got, but I’ll send them down to the Dental Car tomorrow, Nurse. I’ll do anything to oblige you; it’s the first time ever a nurse has been here, and I’ve been here twenty years.”

“Proper food will help the children’s teeth, too, Mrs. O’Flaherty. Don’t you think you could get some vegetables and whole grained cereals sent in from the store in the village?”

“I’ll do my best to oblige you, Nurse. We might be able to send Jimmy in with the dogs. I’ve really no trouble to clothe the children, Nurse. Some rich women in Ottawa send the grandest things for the children to wear to school, sweaters, and socks, and mitts, and even pants for the boys and skirts for the girls, and what do you think was in the box they sent this Christmas, Nurse? A red dress and a green, and both in the finest satin. My eyes just sparkled when I saw them, Nurse, and I thought: My! how fine I would have looked in that twenty years ago. But I am too old to start wearing satin now, Nurse. I have never worn a satin dress in all my life, but I thought how pretty Maggie would look in them two satin dresses, her

that married the teacher, you know, Nurse, so I sent them on to her, and she says she feels just like a princess, Nurse.”

I saw that the sun was setting, so I said I would really have to start for home.

“Well, I am glad you came, and I am sorry you can’t stay for a bite to eat, but maybe you’ll walk out again, Nurse. I would like you to tell me more about the children, and I’ll try to oblige you and do all that you say, Nurse, and the next time you come perhaps the children will be fatter. My husband’s a beautiful provider; why we have a ricer for the potatoes and everything. We never lack nothing. I’m awful glad you came, Nurse, you’ve a long, cold walk; it’s twenty below now, and with the sun down you will have to walk fast to keep warm. Goodbye, Nurse, goodbye. I’m awful glad you came.”

As I walked home I thought about Mrs. O’Flaherty, and her husband that was the beautiful provider, and their little log house with the floors of rough planks, and the homemade beds and stools and table, and I wondered if the few words that I have been able to get in were worth that long, cold walk. But don’t you think Mrs. O’Flaherty has been provided with another subject of conversation? Can’t you just hear her say,—

“I have been here twenty years, and I never had a nurse come to see me before, but one day a nurse walked three miles just to see me, and when she started for home it was twenty below, and oh, the fine talk we had. That was the year Maggie married the school teacher, what a fine match she made!”

THE SURVEY IN TERMS OF ACTION

Canadian nurses are fortunate in having, at this period of crisis, a chart whereby national and provincial nursing policy may be guided. That chart is the Survey in which may be found a searching diagnosis of our ills and also many valuable suggestions for the cure and prevention of those ills.

Diagnosis may sometimes be so long delayed that the patient succumbs before anything can be done for him. Happily, this is not the case in Canada. The Survey is in our hands, it has already been closely studied by our national nursing leaders, and we have now arrived at a stage in which each Province is ready to critically examine it in relation to a possible solution of its local problems. In other words, the time for action has arrived.

The President of the Canadian Nurses Association defines the relationship of the Provincial Joint Study Committees to the National Joint Study Committee in these words: "Readers of *The Canadian Nurse* are aware that, for some years, the most potent interest of Canadian nurses has been the Survey of Nursing Education in Canada. They are further aware that, throughout these years, the National Joint Study Committee has given leadership to this project. It is the desire of the Executive Committee of the Canadian Nurses Association that, with the formation of Provincial Joint Study Committees, the National Committee shall continue to act as a co-ordinating link. It is suggested, therefore, that Provincial Committees shall send to Miss Jean Browne, Secretary of the Joint Study Committee, 410 Sherbourne St., Toronto 5, material reflecting the activities and accom-

plishment of each Provincial Committee."

A tentative plan for the organization and programme of the Provincial Committees was approved by the Executive Committee of the Canadian Nurses Association some months ago. The essentials of this plan are briefly these:

Composition of Committees

Representatives of the Provincial Nurses Association. Representatives of the Provincial Medical Association, selected from the sections of Nursing Education, Private Duty, and Public Health. Representatives of the board of trustees and administrative staffs of hospitals, these to be appointed by their respective associations.

Duties of Committees

To study the Survey as it applies to nursing in general, as well as in its relation to provincial conditions. To prepare recommendations for such reorganization of the existing nursing system as the provincial situation indicates as being wise and necessary.

To inaugurate and conduct an educational programme which will reach and enlist the support of groups such as the Provincial Board of Health, boards of directors of hospitals, the medical profession and the general public.

To initiate and maintain cordial relations with the Press.

To build up, by means of a vigorous campaign of education, a body of informed public opinion which will accept and actively support any wise change, legislative or otherwise, which may be contemplated, and which will ensure a thorough test of projected reforms.

With general policy to guide them, considerable work has al-

ready been done in some of the Provinces. Full reports are not yet available from all, but a brief summary is appended which constitutes a report of the progress made.

ALBERTA

Organization of the Provincial Joint Study Committee is under way, but at the time of going to press, no official report is available.

BRITISH COLUMBIA

The Chairman of the Provincial Joint Study Committee is Miss Grace Fairley and its Secretary, Miss Mary P. Campbell. Its membership includes:

Representatives of the Graduate Nurses Association of British Columbia: Miss Mary P. Campbell, president; Miss Grace Fairley, second vice-president; Miss Helen Randal, Registrar; and a representative of the Private Duty Section to be appointed. *Representatives of the Provincial Medical Association:* Dr. Wallace Wilson, Dr. Neil MacDougall. *Representing Trustees of Hospitals:* Mr. J. H. McVety, member of the board of directors, Vancouver General Hospital. Meetings will take place monthly. The general programme provides for study of stated sections of the Survey, collection of additional data and formulation of tentative plans for appropriate action in the Province.

MANITOBA

The Chairman of the Joint Study Committee is Dr. E. S. Moorhead and the Secretary is Miss K. W. Ellis. Its membership includes: *Representatives of the Manitoba Association of Registered Nurses:* Miss Mildred Reid, Miss K. W. Ellis, Mrs. J. Morrison, Miss E. Russell. *Private Duty Section:* Miss K. McCallum. *Representative of Public Health Nursing Committee, M.A.R.N.:* Miss A. LaPorte.

Representative of Nursing Education Committee, M.A.R.N.: Miss C. N. MacDonald. *Representatives of the Provincial Medical Association:* Dr. E. S. Moorhead, Dr. F. D. McKenty. *Representatives of the Laity:* Miss K. Haig, (Editorial Staff, Winnipeg Free Press), Mr. G. K. Guild (Welfare Supervision Board), Miss Esther Thompson (Director, Women's Division, Department of Education), Mrs. Anne R. Gray (United Farmers of Manitoba), Miss G. S. Sinclair, (Manitoba Educational Association), Mr. R. Hawkins, (Manitoba Hospital Association), Mr. H. N. MacNeill, (Manitoba School Trustees' Association).

NEW BRUNSWICK

The Chairman of the Joint Study Committee in this Province is Dr. W. E. Rowley; the Secretary is Miss Margaret Murdock. The membership includes: *Representatives of the New Brunswick Association of Graduate Nurses:* Miss Margaret Murdock, Miss Mabel McMullen, Miss Winnifred Dawson, Miss A. J. MacMaster. *Representatives of the Provincial Medical Association:* Dr. W. E. Rowley, Dr. Barry. *Representatives of the New Brunswick Hospital Association:* Dr. Hewitt, Mr. A. C. Chapman, Mr. Granville. *Representative of the Maritime Catholic Hospital Association:* Sister Camillus.

NOVA SCOTIA

At the time of going to press, no information is available except that Miss Margaret E. MacKenzie and Miss Victoria Winslow have been appointed as representatives of the Registered Nurses Association of Nova Scotia.

ONTARIO

The Chairman of the Provincial Joint Study Committee is Miss Mary Millman and the Secretary, Miss Muriel McKee. The member-

bership includes: Representatives of the *Registered Nurses Association of Ontario*: Miss Mary Millman, president; Miss Helen Carruthers, Miss Muriel McKee. *Representatives of the Provincial Medical Association*: Dr. George S. Young, Dr. Fred W. Routley, Dr. Ward Woolner. *Representatives of the Ontario Hospital Association*: Mr. A. S. Silverwood, Mr. George Sutherland, Mr. Fraser Armstrong. *Representatives of the Department of Health of Ontario*: Miss E. MacPherson Dickson, Miss Edna Moore. *Members at large*: Professor Sandiford, Professor of Education, University of Toronto; Miss E. K. Russell, School of Public Health Nursing, University of Toronto.

Meetings will be held monthly, and the programme provides for the study of resolutions sent forward from the Biennial Meeting of the Canadian Nurses Association, together with related resolutions embodied in the Survey itself. Recommendations based on these resolutions are being submitted to the three provincial organizations, the representatives of which are named above.

PRINCE EDWARD ISLAND

The following are the names of the members of the *Joint Study Committee of Prince Edward Island*: Dr. I. J. Yeo, Charlottetown, Dr. J. A. McPhee, Summerside, Miss A. Mair, Prince Edward Island Hospital, Charlottetown, Miss L. Pidgeon, Prince County Hospital, Summerside.

QUEBEC

Organization is in progress but no official information was available in time for publication in this issue.

SASKATCHEWAN

The Chairman of the Joint Study Committee is Miss Ruby M. Simpson, and the Secretary, Miss Elizabeth Smith. The membership includes: *Representatives of the Saskatchewan Registered Nurses Association*: Miss Elizabeth Smith (President), Miss Ruby M. Simpson, Miss G. M. Watson. The Private Duty Section is represented by Miss M. Chisholm. *Representatives of the Provincial Medical Association*: Dr. Middleton, Deputy Minister of Public Health; Dr. Seymour, Dr. Hugh MacLean, Dr. Corbett. *Members at large*: Dr. Walter C. Murray, President of the University of Saskatchewan; Miss Oxner, Director of Women's Work, Extension Department, University of Saskatchewan; Mr. Martin, Business Manager, Regina General Hospital.

The plan of work is as follows: The Survey Report is to be divided into sections and assigned to members of the Committee for study and synopsis. The writer of each synopsis is to investigate and report upon the Provincial situations directly related to the topics dealt with in his or her assignment, and is to give, in a suffix, an opinion regarding the applicability of the recommendations of the Survey to those situations.

The task of translating the Survey into terms of action must be shared by every nurse in Canada if it is to be brought to successful accomplishment. The problems involved are not purely educational in character. At their base they are economic, and touch the lives of every one of us. Find out what your Provincial Joint Study Committee is doing and lend a hand.

NURSING CARE IN SURGICAL CONDITIONS OF THE URINARY TRACT

EUGENIE M. STUART, Surgical Supervisor, Toronto General Hospital

Urology deals with diseases of the kidneys, bladder and urethra. Of these, the kidneys are vital organs, and unless one or both works with fair efficiency the patient cannot live. A healthy adult has about six times as much kidney tissue as is necessary to carry on life, but with advancing years, use and abuse gradually whittle away the excess until what may be termed the vital minimum is reached. When some upset of nature's balance, such as a sudden chill, too hasty an operation, or an infection, overloads the impaired renal function, the patient may die from suppression of urine.

Surgical conditions of the urinary tract may be divided into groups, according to the changes which are brought about in the system. Treatment includes determining the amount of work the diseased organs are capable of performing; regulating the diet, the habits and general hygienic care of the patient so as to rest and restore the kidneys; treating the symptoms as they arise, and removing the cause when ascertained.

Nursing care is a most important factor in this treatment. This includes the care of the skin, strict attention to diet particularly fluids, accuracy and care in collection of urine specimens, intelligence in preparing the patient for and giving the treatments ordered, and avoiding conditions which predispose to or aggravate the disease. In nursing these patients, the structure and function of the organs involved must be fully understood.

In treating the patient, the doctor first endeavours to estimate the amount of structural damage done, and the functional efficiency of both kidneys together, or either kidney separately. In this estimation the cystoscopic examination is of invaluable assistance, as it is the means by which the interior of the bladder can be inspected and abnormal conditions of the kidney demonstrated. It is also used for the introduction of ureteral catheters to ascertain the condition of the upper urinary tract.

The preparation of the patient is the entire responsibility of the nurse. The mental preparation of the patient for this examination is of extreme importance, in order that the full co-operation of the patient may be gained. The patient should be thoroughly clean, fluids given previous to the examination and medication as ordered by the doctor administered. The nursing care after the examination consists of keeping the patient warm, and making him as comfortable as possible, as these patients often suffer considerable pain after examination.

Functional tests, to determine the ability of the kidney to perform its normal function, are also included in pre-operative treatment. One of the most important nursing factors here, then, is the collection of specimens. Specimens for examination should be carefully labelled with the patient's name, date, and whether a voided or catheterized specimen. They should be taken to the laboratory at once, note being made of any abnormal appearance. In the carry-

ing out of such tests as the water test or phenolphthalein test, great care must be exercised in the collection of specimens at the exact time, and in the correct labelling.

All these patients must be encouraged to drink large quantities of fluid to promote increased excretion of waste products. These fluids should be constantly within reach of the patient and supplied in as varied forms as possible. When patients dislike sweet things and carbohydrates are indicated, milk sugar should be used instead of cane sugar, as it has only one quarter of the sweet flavour.

Nursing care after operation on the kidney is similar to that after a laparotomy operation. The position of the post-operative patient depends to a great extent upon the anaesthetic administered. Fluids are usually given in large quantities either by interstitial or intravenous infusion; after nausea ceases they may be given by mouth. The dressing should be closely watched for signs of hemorrhage. For this reason the patient will have to be turned frequently to bring into view the lower border of the dressing. After some operations there is considerable drainage from the wound which may be a large amount of urine tinged with blood and easily mistaken for hemorrhage. The reinforcement of these dressings, at frequent intervals, is of the utmost importance. Every means should be used to encourage the patient to void before catheterization, but the bladder should not be allowed to become distended. The total fluid output as well as the intake should be carefully measured and charted.

In the nursing of patients with diseases of the bladder and prostate gland, a thorough knowledge of relative position and structure of the organs is essential. "To

bring an elderly man, with a long standing prostatic obstruction safely through the period of pre-operative preparation, the operation, and the stage of convalescence, is the certificate of a good nurse," states one of our leading urologists. These men have a minimum of renal function, as is evidenced by the dry skin, dry, furrowed tremulous tongue, pain in the loins and thirst. This thirst they are careful not to satisfy as they think that by limiting the fluid intake, they decrease the frequency of urination, a mistaken notion, for the concentrated urine is more irritating. They are exhausted from loss of sleep occasioned by frequent urination.

The longer the patient has delayed operation, the longer will be the pre-operative period. Some surgeons endeavour to prepare their patients by an indwelling catheter or frequent catheterization, others by an immediate bladder drainage. If the patient has had a large amount of residual urine for a very long time and there is a chronic distention of the bladder, it is very dangerous to suddenly empty it either by catheter or suprapubic operation; such a procedure would probably cause a suppression of urine and the patient would die from uraemia. The doctor to avoid this, will adopt some method of gradually emptying the bladder, either by plugging the catheter and withdrawing six or eight ounces every six hours, or partially occluding it with a clamp and allowing the urine to drip slowly away.

Neither of these methods, however, allows for periodic variation in the rate of kidney secretion and the better method is the gravity method. By this method the patient who is admitted with a distended bladder and suffering from retention of urine is catheterized,

the catheter being clamped and connected by a connecting tube with rubber tubing which is carried upward a distance of about three or four feet above bed level, before emptying into a drainage bottle at a lower level. The clamp is then opened and the urine drains from the bladder slowly, on account of the pressure exerted by the height of the tube. This method prevents the rapid collapse of the bladder and allows for the instability in the rate of kidney function. The height of the tube is gradually lowered until the bladder is emptied. It then continues to drain into a receptacle at the lower level. The nurse should ask the doctor for instructions as to watching this apparatus.

The prostatectomy patient is usually more susceptible to complications which interfere with his progress. One of the most serious of these is uraemia resulting from suppression. All urine must be measured night and morning and the receptacle observed at frequent intervals, to see that the catheter has not become plugged. As noted before, the tongue is a very accurate guide of renal function. The nurse should realize this condition will not clear up by purely local

care, and should renew her efforts to stimulate elimination by forcing fluids, increasing skin and kidney function and intestinal elimination.

Every precaution should be taken to avoid stasis of fluid in the base of the lungs. The patient should be encouraged to move in bed, and be turned frequently; he should have fresh air but be kept warm and protected from drafts; he should be encouraged to breathe deeply. The skin is usually thin and poorly nourished, and if he be allowed to lie on a damp sheet, bed sores will develop. Bony points should be well protected from pressure. The mental attitude of these patients is at times a problem. Old people are often fussy and set in their ways, change affects them and retards their recovery. They should be allowed their own way in non-essentials.

The special field of nursing in surgical conditions of the urinary tract is one which differs in various hospitals, but the basic principles remain unchanged. In conclusion, these, summarized, are accuracy, encouragement of ingestion of fluids, elimination of waste substances, the mental comfort of the patient and his active co-operation.



THE EDITOR'S DESK

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The April Journal

The keynote of the April Journal is action. Joint Study Committees in the various Provinces are getting under way; the Central Committee on Curriculum reports further progress, and Miss Elizabeth Russell in *The Public Health Nurse and Relief*, shows how the present emergency is being met in Manitoba. In *Reductions or Deficits* Miss Kathleen W. Ellis goes right to the root of some of our troubles and raises some points which should give rise to lively discussion.

Dr. Stevenson's article, *The Nurse and the Mentally Sick*, has been placed under the caption of the Department of Nursing Education because of its searching criticism of our present educational approach to the care of the mentally ill, and of what he considers the failure of our nursing texts to deal adequately with the management of mentally disturbed patients. Dr. Hewitt's analysis of what is wrong with *Private Duty* should be read with close attention, not only by private duty nurses, but by those responsible for their professional preparation. In an early issue further reference will be made to Dr. Hewitt's thought-provoking article.

In the field of clinical nursing, the Journal is privileged to publish *Diet*s by Dr. A. F. Fowler, who demonstrates that the subject of nutrition may be treated with humour as well as erudition. Miss Eugenie Stuart gives a clear and

practical exposition of the nursing care of urological patients and, in the miniature comedy entitled *Mrs. O'Flaherty of Manor Farm*, Miss Eleanor Wheler suggests certain undertones not altogether frivolous.

In *Book Reviews*, Dr. Grant Fleming reviews a new Canadian text-book which should find its way into all nursing libraries. The Journal would much appreciate assistance from teachers in Schools of Nursing and those associated with Public Health activities in building up a really good Department of Book Reviews. A list of books awaiting review is listed in this issue—which one would you like to tackle? Write and ask for it.

New Features

The Executive Secretary of the Canadian Nurses Association, Miss Jean S. Wilson, inaugurates a new department with *Notes from the National Office*. This feature will appear regularly in future and will keep Canadian nurses informed concerning the activities of the national body.

Official Directory

One of the important functions of the Journal is to provide a correct and up-to-date *Official Directory* of the nursing organizations of Canada. In this issue the directory has been re-arranged under four major headings: International and National Associations; Provincial Associations; Graduate Nurses' Associations; Alumnae Associations. The last three groups

have each been listed in alphabetical order, under their respective Provinces. This new and more convenient arrangement will not entail additional expense to the Associations, but it is hoped that all concerned will peruse *Off Duty*, which as a general rule, is not required reading, but to which attention is respectfully drawn this month, in the hope that certain editorial burdens may be lightened thereby. Failure to spell names and addresses correctly and legibly, though a minor error in itself, leads to confusion and mistakes, and thus frustrates the very purpose which the Official Directory is supposed to serve.

The New Uniform

The response to the appeal of The Canadian Nurse in her new uniform has been most cordial. Many kind letters and messages have been received from old friends and new. Subscribers who had "lapsed" are bringing forth fruits meet for repentance, and some valued advertisers have decided to renew their contracts. Most encouraging of all is the evidence that the Provincial Associations, the Alumnae Associations and the nursing staffs of hospitals, are actively interesting themselves in a circulation campaign.

The efforts of the Secretaries of the Provincial Associations in Alberta, Manitoba, Ontario, and Quebec are already showing results. The Alumnae Association of the Hamilton General Hospital sent in a single check for 177 subscribers on behalf of its members, and the Registered Nurses Association of Ontario, District No. 8, sent in a full list of its members to be checked, as a first step in a sub-

scription campaign, an excellent example which is worthy of emulation by similar groups. The President of the Alberta Graduate Nurses' Association contributed a goodly list of new subscribers, as did the newly organized Alumnae Association of the School of Nurses of the University Hospital, Edmonton. The graduate staff of the Alexandra Hospital of Montreal subscribed en masse, and the Montreal Branch of the Victorian Order of Nurses lived up to its excellent record of being 100% subscribers. There are also signs that an interesting experiment is being carried on among the student group at the City Hospital, Saskatoon. The Canadian Nurse will have to work harder than ever to deserve the ungrudging support she is getting in these difficult days.

Letters to the Editor

So far only one letter, intended for publication, has reached the Editor's Desk. Unfortunately it was not signed nor was an address given, yet it was a good letter and dealt fearlessly with certain controversial questions. But since it was anonymous it could not be published. While the Editor reserves the right to decide whether or not letters shall be published, she promises careful consideration of any authentic communication, provided the identity and professional status of the writer is known to her. Under these conditions a pen-name may be used, though it is preferable that correspondents should be willing to display the courage of their convictions and stand back of their statements. A page will be devoted to correspondence. Who will start the ball rolling?

Department of Nursing Education

CONVENER OF PUBLICATIONS: Miss Mildred Reid, Winnipeg General Hospital, Winnipeg, Man.

THE NURSE AND THE MENTALLY SICK

G. H. STEVENSON, M.D., Medical Superintendent, Ontario Hospital, Whitby

I take it that the majority of nurses have had but very slight contact with mental hospitals, because, for a great many years, there has been a more or less sharp dividing line between general and mental hospitals. General hospitals have been willing to receive for treatment almost any type of illness except mental illness, although they may also, for very good reasons, discriminate against certain infectious diseases, such as smallpox and tuberculosis, though under certain circumstances patients suffering from such diseases are admitted.

It is interesting to note that one of the oldest hospitals on this continent, the New York Hospital, in its Charter received from King George the Third prior to the War of the Revolution, was instructed to receive the so-called "insane" patient as well as persons suffering from other illnesses. The New York Hospital has received the mentally ill ever since, although for many years it has had a special division for the care and treatment of this latter group.

Not only have general hospitals refused to admit the mentally ill, but it has not been an uncommon experience for many physicians to cheerfully admit that they knew nothing about mental illnesses, and that they were only too glad to refer such patients to a practising psychiatrist, or send them to a mental hospital, with a distinct feeling of relief.

We appear, however, to be entering a new era in which general hospitals are again receiving the so-called mentally ill, and in which physicians are no longer quite so proud of their ignorance of the causes and symptoms of mental illness. Many general hospitals now have a psychiatric ward or psychiatric service, and psychiatric patients are received on the same basis as patients suffering from other illnesses. Private physicians are also learning more about mental illnesses, and many of them are treating such patients in their homes or in general hospitals, calling in a specialist if necessary. The mental hospitals, for their part, are no longer receiving chronic mental cases who cannot be cared for elsewhere, but are receiving many early psychopathic reactions and border-line cases, and are paying a great deal more attention to the physical factors in psychoses than was formerly the case. Our best mental hospitals are equipped with diagnostic and technical appliances to a degree that was unimagined even a quarter of a century ago.

Sometimes it is a real problem as to whether a delirious patient can be treated more satisfactorily in a general, or in a mental hospital, because after all, the only point that should determine the type of hospital for any particular patient is "Where can he be treated to the best advantage?" For example, some time ago, in one of our smaller general hospitals, I saw a young woman who had given birth

(An address delivered to the Supervisory Nursing Staff of the Toronto General Hospital.)

to a child, and forty-eight hours later became acutely excited. She was talking incoherently, and quite loudly; it was difficult to keep her in bed; difficult to give her nourishment or any other treatment that her physician might order for her. The hospital was anxious that she be classified, so far as they were concerned, as a mental hospital patient, and that she should be transferred to our hospital at Whitby.

As a result of my examination of this patient, I came to the conclusion that she was in a confused and toxic state from a prolonged and difficult labor, infection from perineal tears, and loss of sleep, and that it was a toxic state from which she should recover as soon as the toxemia could be cleared. Moreover, as it was cold weather, I felt it unwise that the patient, so soon after child birth, should be subjected to a long trip, even by heated ambulance, from one hospital to another. I therefore advised that she remain where she was, and certain suggestions as to clearing up the toxemia were made. The patient was clear in her mind, and well in her body, six days later, and has been perfectly well ever since. While no injustice would have been done the patient, except by increasing her risks by transferring her in cold weather to a so-called "mental" hospital, she was quite suited in the hospital where she was, her delirious symptoms were controlled, special nursing care was given, and the general hospital was the place for her.

At the same time, we do receive in our Ontario mental hospitals, a fairly large number of so-called puerperal psychoses, when it appears that the delirium is of so severe a nature as to render transfer advisable, or when the delirium persists so long that a different type of environment is advisable.

The point I am making is that, so far as puerperal psychoses are concerned, these are received by both general and mental hospitals at the present time, and this group perhaps is the closest connecting link between general medicine, obstetrics, and mental medicine.

You will notice that I have used the word "delirium" to describe the mental condition of this puerperal patient. I take for granted that in Schools of Nursing the nursing of delirious patients is given ample consideration, although I was surprised and somewhat shocked to find very little indeed on delirium in the usual nursing textbooks. One textbook has only two paragraphs on delirium, and I could find no other reference, in the index, to mental disorders or their nursing care. In the other textbook I could not find a single paragraph on delirium or mental nursing, and yet I imagine that many patients are admitted to general hospitals who show some degree of delirium. Certainly in private nursing in private homes there is considerable delirium associated with acute infective diseases, and I assume that instruction in the nursing of delirious patients is taught in all general hospitals, in spite of the fact that in one of these accepted textbooks, there is no reference to such troubles, and only two paragraphs in the other. I hope this omission will be rectified in future editions of these otherwise very excellent textbooks. The very omission, however, of these subjects indicates that the authors of these textbooks have regarded delirious states, and other mental disorders, as practically outside the realm of general nursing.

As contrasted with the neglect of this subject in these textbooks, I would refer you to another common symptom in illness, namely,—changes in body temperature. I

do not know in what proportion of sick people the body temperature is abnormally low or high, nor do I know what proportion of sick people are delirious, but I would imagine that some degree of delirium, or abnormal mental reaction, is nearly as common as changes in body temperature. In one of these textbooks there are eleven pages on temperature, the taking of temperatures, the care of thermometers, as contrasted with the two short paragraphs on delirium. Why should temperature variations be given so much more consideration than personality variations? I think one reason is that at the present time, we are beginning to regard personality variations as a part of general nursing, and another reason is that we have not as accurate instruments for measuring personality variations as we have for temperature variations.

You may say to me, however, that you have had good teaching and good experience in the nursing care of delirious patients, but you do not see what that has to do with so-called mental patients. May I say that there is no difference between delirious patients and mental patients. If you look up your dictionary you will find that the definitions of delirium and of psychosis or mental disease are practically the same. "Psychosis" is defined as follows:—"Mental derangement"; "a mental disorder"; "any prolonged form of mental disease"; "any disease of the mind." "Delirium" is defined as "a morbid condition where the mental action is incoherent and characterized by hallucinations, etc."; "a frenzied state of mind"; "a psychotic syndrome of short duration characterized by disorientation, illusions and hallucinations." These definitions are practically interchangeable, and in

actual practice delirium, and so-called insanity or psychoses are one and the same thing. While it is common practice to apply the word "delirium" to a mental condition of short duration, nevertheless if that mental condition does not clear up in a short time, but the symptoms remain more or less the same, it is still delirium. This concept of mental illness as delirium immediately brings the whole field of psychiatry into general nursing. If your pneumonia patient is delirious, you do not give up the case because he is delirious, and delirium from other causes should be regarded in exactly the same light.

Taking this conception of mental illness as delirium, we immediately see the absurdity of even speaking of mental diseases as if they were a separate group, just as absurd as it would be to speak of patients with elevation of temperature as fever diseases. I know that in England certain hospitals are known as "Fever Hospitals," but that has never been the practice in this country. We know that fever may occur in infections, in toxic states, in brain injuries and other pathological conditions, and it is the business of the physician to find the disease which has caused the fever. Similarly, it is the business of the physician to find the cause of the delirium when a person presents mental symptoms. In the treatment of so-called fever diseases, it is the treatment of the underlying pathological state, and in mental diseases, so-called, it is the treatment of the condition which has produced the delirium.

We know the causes of delirious conditions, although until recent years there was a cloak of mystery over this group, and there was also considerable ignorance as to the actual pathology. This condition no longer holds to-day. We know

that delirious symptoms arise in three chief pathological groups. I touched on the first group earlier in this paper in referring to puerperal psychosis. However, included in this group are not only the puerperal psychoses but all toxic states which are due to infection, exhaustion, starvation, dehydration, anaemia, or where the toxic state arises from something taken into the body, such as alcohol. This forms one large group, the so-called toxic delirious states or toxic psychoses. This is the group you are perhaps most familiar with, as many persons suffering from these conditions are cared for in general hospitals or in private homes, and in this group, so far as we know, there is no actual brain change, but the poisons arising within or without the body intoxicate the brain so that it is unable to function adequately.

The second large group of delirious states are those due to actual brain change, such as old age, arteriosclerosis of the cerebral blood vessels, brain tumor, encephalitis, general paresis. Here we have mental symptoms of a somewhat different type, due to the fact that a large number of brain cells have been destroyed, leaving an insufficient number for normal mental activity. Mental symptoms in this group are confusion, loss of memory, failing intellect, and so forth.

The third and last group is that of delirious symptoms arising on the basis of difficulties in the emotional life of the patient due to external traumata, such as unemployment, death of relatives, loss of friends, business reverses, family difficulties, or due to inner environmental factors, such as an inability to adjust one's inner life to the personal problems and difficulties we all have to face. In other words the delirious symp-

toms in this group are due to a failure to successfully adapt to life's experiences. The individual is overcome by life, and delirium results in the form of hallucinations, bizarre delusions and peculiar behaviour. This patient is just as delirious as the patient suffering from pneumonia. His delirium may not present just the same picture as a pneumonia delirium, or a typhoid delirium, or a delirium tremens, but it conforms to the dictionary definitions. We are not nursing a "case of insanity." We are nursing a person sick in body and soul, who has been overcome by difficulties he failed to surmount.

There are nearly always physical factors complicating such a type of illness, but the modern physician, and the modern nurse realize that, if the delirium is not due to an intoxication of some sort, and is not due to an organic brain change, such as old age or arteriosclerosis, then the chief factor must be emotional. It is the business of the physician to attempt to understand the environmental situations which have produced the emotional disturbance, and it is the duty of both the physician and nurse to correct, as far as they are able, that emotional distress and the causes which have produced it.

No longer is it ethical for a nurse to say she will not nurse mental cases, or for a general hospital to say: "we will not receive mental cases." The doctor and the nurse and the hospital are all dealing, not with "mental" cases, but with sick people, who have become delirious. It may be inadvisable for the general hospital to care indefinitely for certain types of delirium, but we must all work together for the good of the patient, to remove the causes of his delirium and to restore him to physical and mental health again.

Department of Private Duty Nursing

CONVENER OF PUBLICATIONS: Miss Jean Davidson, Paris, Ont.

PRIVATE DUTY FROM A PHYSICIAN'S VIEWPOINT

S. R. D. HEWITT, M.D. Superintendent, Saint John General Hospital, Saint John, N.B.

This subject may be approached from many angles, any of which is capable of providing material for indefinite discussion. I prefer not to speak of the various good qualities of the nursing profession or of how a dressing should or should not be done, but rather to approach the topic from perhaps an unusual angle, namely, the prospective probationer, or, in other words, the source of supply. How are we preparing her to render efficient service as a private duty nurse?

In putting this question, I do not refer to completed Grade XI, or junior matriculation, or first year arts, or any such standard. I simply make this query: "Does the present nursing curriculum, which sets these standards of preliminary education, contain that which will best equip a student for entrance to the nursing profession, or can we, by collaboration with educational authorities, evolve a new curriculum, more or less specifically designed to suit the peculiar requirements of the profession?" I believe we can.

Nursing consists of two distinct parts, which, however, are more or less interwoven: Science and Art. Science represents the knowledge necessary to pass examinations. Art presumes that understanding of the human mind, those observation and deduction elements, the possession of which enables the nurse to anticipate and perform those many little services so much appreciated by the patients, so essential to their comfort and re-

covery, and of such vital importance to the physician.

I recently came across a quotation by the Right Honorable Stanley Baldwin which is as follows: "There are two sorts of education. There is the education where you get your knowledge; and the education, which is equally important, of friction with other human beings; and that you cannot get as long as you sit by yourself in your lodgings. You get it only through rubbing your brains with those of other people. You get the corners knocked off, you learn toleration, and you emerge an infinitely better fellow, able to get to work at once among your fellow-men. Work will be infinitely better done if you have gone through that process of friction and massage, with other human minds and men."

Do our nurses get this kind of friction during their preliminary education, or is there something missing? How many hospitals in Canada base the training of their nurses upon a careful study of what the students intend to do after graduation? I fear there is very little correlation between the course of study and the fields of endeavour available or entered upon after graduation. About 25% of all nurses enter the hospital field; 55 or 60% private duty nursing; the remaining 15 or 20% engage in Public Health or Social Service. I venture the observation that the training received is more directly applicable to that 25% who become institutional nurses. What about the other 75%?

You all hear these questions: "What is the matter with the graduate nurses we get? With the specials? Why is it so hard to get good private duty nurses for the home?" Is it reasonable to believe that many of these troubles may be of the hospitals' (I use the plural) own manufacture? How much care is taken in selecting the raw material? Patients demand keen intelligence, good educational background, and sound nursing education.

Another criticism that is often made is: "Too many nurses pick and choose their cases." Is it all their fault? Is not the real reason the fact that the nurse never had the proper kind of education—the type of friction—never saw the kind of case she is asked subsequently to nurse? How many nurses have even the most elementary training in the care of neurological, mental, and tuberculosis patients? Is it their fault? Some have only scant training in obstetrics; some never had a male patient, and never intend to. Is it their fault? Some won't do night duty. Some won't go to the country.

The physician requires of a nurse that she be his eyes and ears—that in the interval between his visits she observes, notes and senses the important variations in her case; that she be ethical; that she carefully guard the confidence placed in her by himself and his patient. It

is not only essential that a private duty nurse be well acquainted with sick room technique, which is the science of her profession, but that she be equally well acquainted with the ethics of her profession, sometimes forgotten, especially when she talks too much.

Now there are always two sides to a story, and I am firmly of the opinion that there are two sides to this story: If a nurse picks and chooses her cases, it is, in my opinion, not always her fault. She may not have had the proper kind of training which is necessary for her to efficiently nurse a particular type of illness, and if she accepts the case she is only too well aware of her shortcomings, and that not infrequently, she will be subjected to adverse and really unjustified criticism. There should be very definite, concentrated effort directed towards giving nurses-in-training at least some practical instruction in the care of unusual disorders, such as neurological, mental, and tuberculosis, which are not usually cared for as a routine, in the average general hospital.

In approaching the general subject of private duty from the educational angle, I have purposely kept away from cut and dried discussions of the private duty nurse, in order that I might stimulate thought in what I consider to be a more profitable direction.

Department of Public Health Nursing

CONVENER OF PUBLICATIONS: Mrs. Agnes Haygarth, 21 Sussex St., Toronto, Ont.

THE PUBLIC HEALTH NURSE AND RELIEF

ELIZABETH A. RUSSELL, Director of Public Health Nurses, Province of Manitoba

The activities of the Department of Health and Public Welfare in Manitoba are directed, in general, towards the conservation of life, prevention of disease and the alleviation of suffering. The ideal of such a department is that "Every individual should have an equal chance for health". The work of the Public Health Nursing Division, in particular, is directed towards child health and efficiency. In working towards this goal, the three main problems confronting us, as Public Health Nurses, are: Obtaining the intelligent co-operation of the community in all measures that make for the health of the child; helping towards the correction of remedial defects of all children; and that third problem, which has become so acute during the past two years, providing medical and social relief for those in need.

The unfavorable economic conditions which at present affect the country at large, have greatly increased the social and health relief problems in Manitoba; so much so that this aspect of the problem, during these unusual times, has developed from a minor to a major one. It is a factor, moreover, that must be dealt with in the present, in order to prevent far-reaching ill effects in the future.

A few years ago the majority of families in need of relief were living in the cities; but now circumstances, over which they have no control, have made it necessary for many families in rural communi-

ties to seek outside assistance in providing necessary food and clothing for their families; and while it is the duty of a municipality to provide for the needy, yet at the present time, many municipalities are financially unable to meet this obligation in full.

As there are no official relief agencies outside the cities of the Province, the public health nurse has been a chief factor in organizing relief committees where necessary, and has co-operated with existing official and private relief agencies throughout Manitoba in investigating and reporting the needs of those in distress, to the end that thousands of families this winter have been provided for. Relief, in any form, is not distributed personally by the public health nurse except in the rural parts of the Province or in an emergency. The names of all cases helped are cleared through a Central Agency. The relief division of the Department of Health and Public Welfare provides medical and social relief to the needy in unorganized parts of the Province. This division maintains part-time inspectors at various points, who report cases and supervise the expenditure of relief moneys allotted to the families. During the past year, public health nurses have co-operated with this division in investigation and have obtained the necessary help and treatment for three hundred families. About \$100,000 was expended by this division during 1932.

An outline of nourishing meals, for families on relief, has been drawn up by the Domestic Science Department of the Manitoba Agricultural College and a trained dietitian, from the Extension Department, will go to any part of the Province to demonstrate the planning and preparation of these meals. Public health nurses have arranged for these courses to be held at various centres. So much enthusiasm was aroused in the city of Brandon after such a course last year, that the Citizens' Welfare League collected five hundred and seventy-five dollars, and this sum was used to promote thrift vegetable gardens for families of the unemployed. The City Council donated vacant lots for this purpose, each family securing a lot as near their home as possible. The League provided the seeds and cuttings, and a committee of retired farmers supervised the planting and cultivation of the gardens. This project provided the families with healthful exercise, as well as healthful food.

Emergency food closets are maintained in some of the towns and villages, jellies, preserves, canned goods, cocoa and cod liver oil, that have been donated by local people, are distributed to the sick poor on the recommendation of the nurse. Men's Service Clubs have been most generous in providing clothing, medical and dental treatment, milk and treats for needy children, as have the medical and dental professions in giving free professional service to patients referred by the public health nurse.

In the Autumn of 1932, it was brought to our attention at headquarters that some hundreds of children, in remote parts of the Province, were unable to attend school for want of warm clothing, and a special effort was made to meet this need. With the help of

the Winnipeg Women's Club, Junior League, Tribune Stocking Fund, Manitoba Nurses' Association, Manitoba Red Cross, and the Shriners' Hospital staff, together with groups of professional and business women, material was bought and sewing parties were organized at the Provincial Nurses' headquarters; here nurses and their friends gathered in the evenings and made dresses and underwear. Hospital nursing groups and unemployed women's groups became interested and made up a quantity of clothing. About 700 children were thus provided with garments and footwear which will enable them to continue their education, and a gleam of hope has been carried into many desolate homes through the receiving of gifts by the children, and practical hampers of groceries for the family.

In selecting families for relief, cases where there was tuberculosis in the family, or where one or both parents were incapacitated through illness, were given first consideration; a few families of disabled soldiers were also helped. In most cases, the families were large, and sad stories were told by the nurses of the constant grim battle with poverty and sickness. In some instances, the homes had been burnt and the families were living in a stable. One public health nurse reported the living conditions of some of the people in her district as pitiful. "They angle fish with a hook through a hole in the ice from early morning until night; their average earnings being 15c to 30c per day, and with a house full of children, they have a very hard time to even exist."

One ennobling feature of this depression is that it has awakened the members of the community to a realization of their duty to share what they have with the less fortunate. The generous spirit of the

West has surely been evinced this past winter in the eager response of multitudes of people in all walks of life to the appeals for help for the needy in this Province. Poverty and ill health are grim facts that cannot be ignored, and all measures which alleviate these

afflictions now, will lessen the burden on municipalities and on the Province in the years to come, by reducing to a minimum the number of diseased and physically infirm who might otherwise have to be maintained permanently by public funds.

HOW NURSING INSURANCE WORKS AT BRATTLEBORO

(Courtesy of the American Nurses Association)

Whether Mrs. Jones, of Brattleboro, Vt., gets a graduate nurse or a nurse attendant when she is ill depends entirely upon the type of sickness and not on Mr. Jones' ability to pay. For the Joneses and some 800 neighbours of Brattleboro distribute the cost of sickness by group purchase. A form of mutual benefit insurance provides for nursing and hospital service, either or both of which may be obtained by the same person. Chronic and maternity cases are not covered.

The Committee on the Costs of Medical Care tells how the nursing insurance scheme works. When a member of the Association for Nursing Services is ill, he may

have a visiting nurse at one-half the regular charge. Or if he needs constant attention, a graduate private-duty nurse is provided at one-third the regular charge, usually \$14 a week. Attendant nurses are supplied at one-half the usual charges, or from \$11.50 to \$15 a week. The rates for private-duty and nurse attendants being about the same, the kind of service needed determines the type of nurse selected. Hospital nursing service is also provided at reduced cost. Yearly premiums under the nursing insurance plan are \$2 a year for single persons; \$3 a year for married couples, and 50 cents each for children under 16. The cost of protection per person per year has been \$1.01.

OFF DUTY

We often consult the dictionary these days . . . chirography is a nice long word . . . it means the neglected art of handwriting . . . something that has a burning interest for us . . . well-disposed persons anxious to become subscribers write us . . . prayerful study of their signatures is in vain . . . we are reminded of a deaf old lady . . . introduced upon an important occasion . . . to a gentleman rejoicing in the name of Spoopendyke . . . the old lady asked him to repeat his name . . . which he did loudly several times . . . finally the old lady said . . . "I'm sorry, sir . . . it sounds to me like Spoopendyke" . . . some of the signatures we fail to decipher . . . may be either Spoopendyke . . . or Montmorency . . . or Macpherson . . . the result is the same . . . we can't read them . . . next month there will be letters signed Indignant Subscriber . . . references to failure of *Journal* to arrive . . . alarums and excursions . . . wild search of mailing list and office records . . . revilings of the printer . . . final discovery that a signature . . . that looked like nothing but a tired rubber band . . . is that of Indignant Subscriber . . . we apologise of course . . . the subscriber is always right . . . and gets an extra copy . . . presently the post office will disgorge the unclaimed copy . . . marked Unknown . . . well, we didn't need to be told that . . . we tried hard enough to find out . . . the typewriter is a grand invention . . . or BLOCK CAPITALS could be used . . . meantime, we are taking lessons in chirography . . . some day we expect to decipher News Notes . . . except the name of the secretary . . . that usually eludes us . . . even when signed on . . . the dotted line . . .

THE CANADIAN NURSE

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BOOK REVIEWS

THE HUMAN BODY AND ITS FUNCTIONS, An Elementary Textbook on Physiology, by C. H. Best, M.A., M.D., D.Sc. (Lond.), F.R.S. (Canada), F.R.C.P. (Canada), Professor of Physiology and Director of the Department, Associate Director of the Connaught Laboratories, Research Associate in the Banting-Best Department of Medical Research, University of Toronto; and N. B. Taylor, M.D., M.R.C.S. (Eng.), L.R.C.P. (Lond.), F.R.C.S. (Edin.), F.R.C.P. (Canada), Professor of Physiology, University of Toronto. 417 pages; illustrated. Published by W. J. Gage and Company, Limited, Toronto, 1932. Price, \$3.50.

This volume is what its name implies — an elementary textbook prepared as an introduction to the subject of physiology. It is, however, more than that in the sense that the authors have not presumed that the reader is familiar with anatomy, physics or chemistry, and they have, therefore, included sufficient on these subjects to make the text clear concerning the physiological processes with which they deal.

Simplicity of language and clarity of expression are the outstanding qualities of this altogether commendable book. A glossary is an addition which is welcomed. The

illustrations are adequate and have evidently been selected with care. They are well-reproduced, the frontispiece—a Gagnon picture—being particularly striking. The book is well-printed and bound, a fact which is of particular interest, as this is a Canadian product.

It is well-known to teachers and students that there has been a need for such a book, and it thus fills a blank which has existed in its field. The contents are well-balanced in the space that is devoted to the various subjects considered. The reader will appreciate that the applications used as illustrations of the physiological processes are the every-day happenings of life. An unusual feature, as distinct from most books by two or more authors, is that there is no evidence of any difference of style throughout the text, which indicates real collaboration.

The book is unreservedly recommended to those who are beginning the study of physiology, whether or not they intend to go farther into the subject. More books of this type would be welcomed, but unfortunately few authors seem capable of attaining the simplicity of style which is essential to elementary text-books.

GRANT FLEMING, M.D.,
*Professor of Public Health,
McGill University, Montreal.*

BOOKS RECEIVED FOR REVIEW

TEXTBOOK OF MATERIA MEDICA AND THERAPEUTICS, by Sister Alma, Pharmacist and Instructor of Nurses, St. Thomas Hospital, Akron, Ohio. 329 pages; illustrated. Published by the Macmillan Company, New York,

1933. Price, \$3.00.

THE MEDICAL SECRETARY, by Minnie Genevieve Morse, Member, Board of Registration, Association of Record Librarians of North America. 162 pages. Published by the Macmillan

Company, New York, 1933.
Price, \$1.80.

THE EARLY HISTORY OF THE INFANT WELFARE MOVEMENT, by G. F. McCleary, M.D. (Cantab.), D.P.H. Medical Officer of Health, Battersea. 176 pages; illustrated. Published by H. K. Lewis Company, Limited, London. Price in Great Britain, 6/- net.

PICTORIAL MIDWIFERY, by Comyns Berkeley, M.A., M.C., M.D. (Cantab.), F.R.C.P. (Lond.), F.R.C.S. (Eng.), Consulting Obstetric and Gynecological Surgeon to the Middlesex Hospital, etc. Illustrated by Georges M. Dupuy, M.D. 172 pages. Published in Canada by the Macmillan Company of Canada, St. Martin's House, Toronto. Price, \$2.25.

THE HOSPITAL ALMONER, A Brief

Study of Hospital Social Service in Great Britain. Published by a Committee of the Hospital Almoners' Association, Tavistock House (North), Tavistock Square, W.C.1.

NATIONAL HEALTH INSURANCE, by G. F. McCleary, M.D., formerly Principal Medical Officer, National Health Insurance Commission (England) and a Deputy Senior Medical Officer, Ministry of Health. 185 pages. Published by H. K. Lewis Company Ltd., 1932. Price in Great Britain, 6/-.

MASSAGE AND REMEDIAL EXERCISES, by Noel M. Tidy, Sister-in-Charge of the Massage Department, Princess Mary's Royal Air Force Hospital, Halton, England. 429 pages; illustrated. Published by the Macmillan Company of Canada. Price, \$4.50.

STABILIZATION OF NURSING SERVICE

(Courtesy of Department of Public Information, American Nurses Association)

Improvements in both the nursing service given hospital patients and the type of instruction given students may result if the lessened turnover among the teaching and supervisory nursing staff of hospitals continues. This hopeful view is taken by May Ayres Burgess, Ph.D., director of the Committee on the Grading of Nursing Schools, who writes in the March number of the *American Journal of Nursing*.

Hospital nurses are holding fast to their present positions because of the increased competition brought about by the economic depression and the over-production of nurses. Three years ago, at the time of the first grading, the Committee found that the turnover among nurses in hospital teaching and supervisory positions was so

great that in most schools a large proportion of the faculty had entered the hospital more recently than had the senior students. There was little real opportunity for students to become acquainted with their teachers or for teachers to carry through a carefully-planned educational programme.

Instructors, supervisors, heads of operating and delivery rooms were either just getting used to new jobs or just getting ready to leave old ones. Naturally, ward teaching suffered. In the second grading, Dr. Burgess reports, the typical nursing school faculty member has held her present position for 2.6 years. In the first grading the average tenure of faculty was 1.6 years.

Notes from the National Office

Contributed by JEAN S. WILSON, Reg. N., Executive Secretary

It seems fitting, in inaugurating this Department of the Journal, that the first topic to present itself for discussion should be the International Congress of Nurses which takes place in Paris and Brussels, July 9th to 15th, 1933. The International Council of Nurses was organised in 1899 and ten years later, the Canadian Nurses Association was received in affiliation, less than a year after the nurses of Canada had formed their own National Association.

Considerable information, issued by International Headquarters at Geneva, is now available concerning the official programme, and certain regulations with respect to registration should be carefully studied by nurses wishing to attend; viz.:—

Membership in the Congress

Membership in the Congress, and registration privileges, are confined to nurses who are members of their National Associations. In Canada, only such nurses as are members in good standing of one of the nine provincial nursing associations, are eligible for membership in the National Association.

Method of Registration

Members of the Canadian Nurses Association desiring to attend the Congress must obtain authorisation of membership in the C.N.A. Certificates of authorisation are being supplied to the secretaries of provincial associations, to whom application for certificate should be made. The certificate will contain the name of the member, her address, position and registration number, signed by the provincial secretary. As soon as

possible, the completed certificate of authorisation and the registration fee (\$2.00) for the Congress should be sent to the Committee on Arrangements, International Council of Nurses, 6, rue Francois 1er, Paris. The receipt received in return should be presented at the Registration Office when registering. Members of the C.N.A. who are availing themselves of travel opportunities offered by Thos. Cook and Son, Limited, are being advised by C.N.A. National Office of the place and time for registration in Paris.

It is gratifying to report that the C.N.A. can anticipate being well represented at the Congress. The information for Travel Arrangements and Tours prepared by Cook's, gives C.N.A. members a choice of several tours at very moderate cost. A copy of the Tour Programme can be obtained upon request to a branch office of Thos. Cook and Son, Limited: 1455 Union Avenue, Montreal; 65 Yonge Street, Toronto; 554 Granville Street, Vancouver. The Executive Secretary will be glad to supply information on points about which anyone desiring to join a tour may be in doubt. Such requests should be addressed to the National Office, Canadian Nurses Association, Suite 401, 1411 Crescent Street, Montreal, P.Q. A synopsis of the official programme of the Congress follows:

Monday, July 10th.

9.30 a.m. — 10.30 a.m. *Opening General Session.* Chairman: Mlle. Chaptal, President of the International Council of Nurses and President, National Association of Trained Nurses of

France. Addresses of welcome: His Excellency the Minister of Public Health, Professeur Léon Bernard, President, Conseil supérieur d'hygiène de France; M. Berthélemy, President, Conseil supérieur de l'assistance publique; Docteur Jules Renault, President, Conseil de perfectionnement des écoles d'infirmières; Miss E. M. Musson, Chairman, General Nursing Council, England and Wales; The Marquis de Lillers, Vice-President, League of Red Cross Societies; and a speaker from Germany.

10.45 a.m.—12.30 p.m. *Business General Session.* Chairman: Miss Clara D. Noyes, First Vice-President of the I.C.N., National Director, Nursing Service, American Red Cross; Reports of: President, Treasurer, Secretary, Chairmen of Committees.

Luncheons:

A.—Hospital Matrons or Superintendents of Nurses, Chairman: Miss A. Lloyd Still, Matron of St. Thomas's Hospital and Superintendent of the Nightingale Training School, London.

B.—Nurse Journalists, Chairman: Mrs. Ethel Gordon Fenwick, President of the National Council of Nurses of Great Britain.

3 p.m. *Section Meetings:*

A. Mental Nursing and Hygiene, Chairman: Norway; (1) The Opportunity of the Nursing Profession in Relation to the Mental Hygiene Movement; (2) The Teaching of Mental Nursing and Hygiene in the Basic Course.

B.—The Legal Aspects of Professional Conduct, Chairman: Belgium; (1) The Nurse's Responsibility in Relation to that of the Doctor; (2) How can the Nurse be Instructed to Meet her Responsibility?

C. Aptitude Tests in Connection with Admission Standards to Schools of Nursing, Chairman: United States of America.

D. Supply and Demand, Chairman: Finland; (1) Ratio of Nurses to Population and Area; (2) The World-wide Economic Depression in Relation to Nursing; (3) Employment Bureaux.

Tuesday, July 11th.

9.30 a.m. *Section Meetings:*

A. Industrial Nursing, Chairman: Belgium; (1) Insurance Societies and Nursing; (2) Methods of Health Work in Industry; (3) The Nurse in her Relation to the Employer and the Employee.

B. Nurses as Secretarial Officers and Professional Journalists, Chairman: China; (1) Training of Nurses as Secretarial Officers and Professional Nursing Journalists; (2) How to Obtain Contributions to a Nursing Magazine.

C. Private Duty Nursing, Chairman: Germany; (1) Hourly Nursing; (2) Schemes for Supervision and Regular Allowances for Private Duty Nurses.

D.—The Preliminary Course, Chairman: Great Britain; (1) The Organisation of Preliminary Training Schools for Nurses; (2) When Should the Probationer be Allowed to Take Part in the Routine Work of the Hospital Ward?

Luncheons:

A.—Directresses and Supervisors of Public Health Nurses, Chairman: Elzbieta Rabowska, Supervisor of School Nursing, Municipal Health Department, Warsaw.

B.—Sister Tutors or Nurse Instructors: Chairman: Mary Shih, Nurses' Association of China.

C.—What is Your Aim When You Train a Nurse? Chairman: Mlle. Chaptal, President, National Association of Trained Nurses of France; Director, Maison-école d'infirmières privées, Paris.

Afternoon: Excursions.

Evening: General Session — Reception of Newly Affiliated National Associations, Chairman: Ethel Gordon Fenwick, Founder of the International Council of Nurses; President, National Council of Nurses of Great Britain. (1) Introduction of National Representatives and Associate National Representatives of the I.C.N. (2) Introduction of Newly Affiliated Associations. (3) Living Pictures: (a) National Nursing Pioneers, (b) Historic Royal Nurses.

Wednesday, July 12th

10.00 a.m. *Section Meetings:*

A.—School Nursing, Chairman: Norway; (1) Development of Health Education as a Part of the School Curriculum; (2) Relation Between the School Nurse and the Teacher.

B.—State Supervision of Nursing, Chairman: New Zealand; (1) Compulsory State Registration of Nurses; (2) Function and Scope of Bureaux of Nursing Administered by National Governments.

C.—Hospital Nursing: Chairman: Denmark; (1) Hours of Work in Public Hospitals; (2) Cost Studies of Nursing Service; (3) How to Maintain the Interest of the Nursing Staff in Their Work.

D.—Demonstration of Nursing Technique in Communicable Diseases, Sisters of Saint Joseph de Cluny, Pasteur Hospital, Paris.

Luncheons:

A.—Directresses or Principals of Schools of Nursing: Chairman: Belgium; to be appointed.

B.—District Nurses, Chairman: Bella Gordon Alexander, President of the South African Trained Nurses' Association.

C.—Nurses Interested in Work for Mentally Deficient Children, Chairman: M. Petin-Gebhart, Director, Ecole d'infirmières visiteuses de la Ligue du Nord.

Afternoon: Excursions and Receptions.

Thursday, July 13th

Morning and Afternoon: Travel to Brussels by special trains, visiting Chantilly en route—luncheon to be taken in the train.

Evening: General Session—Public Meeting in Brussels, Chairman: Mlle. Jeanne Hellemans, President of the National Federation of Belgian Nurses. His Excellency M. Hymans, Belgian Minister of Foreign Affairs: Address; Dr. L. Rajchman, Director of the Health Section of the League of Nations: "Public Health as a Field of International Collaboration"; Geheimrat Professor Sauerbruch, University of Berlin: "The Importance of Nursing for the Patient, the Doctor and the Social Worker"; Miss Hazel Goff, Temporary Member of the Health Section of the League of Nations, gives a report on her work.

Friday, July 14th

10.00 a.m. Section Meetings:

A.—Rural Nursing, Chairman: Yugoslavia; (1) Supervision of the Rural Nurse; (2) Formation of Committees and Organisation of Work.

B.—Nursing in Colonies, Chairman: Java; (1) Training of Native Nurses; (2) Conditions of Work.

C.—The Basic Course of Training, Chairman: Irish Free State; (1) How to Include Public Health Nursing in the Basic Course; (2) What Should Be the Minimum Requirements of the Practical Experience in the Basic Course.

D.—A Summary of the Findings of Recent Nursing Surveys, Chairman: Canada; (1) U. S. A.: Committee on the Grading of Nursing Schools; (2) Canada: The Survey of Nursing Education; (3) Great Britain: The Lancet Commission on Nursing; (4) Poland; (5) Norway.

E.—Demonstrations of Nursing Procedures, Chairman: Bulgaria.

Luncheons:

A.—Esperanto, Chairman: M. Verwey Mejan, Secretary of Nosokomos (Dutch Nurses' Association).

B.—Health of Nurses, Chairman: Dominika Pietzcker, Superintendent of Nurses, Rudolfinerhaus, Vienna.

C.—Nurses Actively Engaged in Red Cross Work, Chairman: Mrs. Maynard L. Carter, Chief, Division of Nursing, League of Red Cross Societies.

Afternoon: Films and Reception.

Evening: General Session—Chairman: Elnora Thomson, President, American Nurses' Associa-

tion; Director, Department of Nursing Education, University of Oregon Medical School. "Inspection of Schools of Nursing by Nurses". Speakers: Adda Eldredge, Director, Bureau of Nursing Education, State Board of Health, Wisconsin; Kerstin Nordendahl, Superintendent of State Registration for Nurses, Sweden; Jeanne de Joannis, Director, Ecole professionnelle d'assistance aux malades, Inspector of Schools of Nursing, Central Nursing Bureau, Paris; New Zealand, to be appointed; Beatrice L. Ellis, Superintendent of Nurses, Toronto Western Hospital, Toronto; M. Babicka-Zachertowa, Chief, Nursing Department, Ministry of the Interior, Warsaw; Aino Durchman, Matron, University Hospital for Medical Diseases of Helsinki; Director of the State Teaching Course for Nurses.

Saturday, July 15th

9.30 a.m. Section Meetings:

A.—Insurance Schemes for Nurses, Chairman: Germany; (1) Superannuation or Pension Schemes; (2) Sickness and Disablement Insurance; (3) Unemployment Insurance.

B.—How to Stimulate the Interest of the Public in Nursing, Chairman: Poland; (1) How to Stimulate Interest in Nursing Education; (2) How to Stimulate Interest in the Nursing Profession.

C.—Public Health Nursing and Social Work, Chairman: France; (1) The Family as a Basis for Social Work; (2) Hospital Social Service and the Nurse.

D.—New Developments in Nursing, Chairman: Brazil; (1) Research Work in Nursing Technique; (2) Scientific Principles and Their Application to Nursing; (3) Princi-

ples and Ideals in Education: Their Application to Nursing Education.

E.—Demonstrations of Nursing Procedures, Chairman: Cuba.

Luncheons:

A.—Inspectors of Nursing Schools, Chairman: Canada.

B.—Private Duty Nurses, Chairman: H. Waterloos, Manager of the Nurses' Club, Brussels.

C.—Text and Reference Books for Nurses, Chairman: Marchioness di Targiana di Giunti, Chief, Nursing Service of the Italian Red Cross Society.

2.00 p.m.-4.00 p.m. *General Business Session.*

Chairman: Jean I. Gunn, Second Vice-President of the I.C.N., Superintendent of Nurses, Toronto General Hospital, Canada. Reports of Chairmen of Standing Committees on: Nursing Education: Isabel M. Stewart (U. S. A.); Public Health Nursing: Mary S. Gardner (U. S. A.);

Private Duty Nursing: Isabel Macdonald (Great Britain); Mental Nursing and Hygiene: Karin Newman-Rahn (Finland); Resolutions; Introduction of Newly Elected Officers.

5.00 p.m. *Closing Ceremonies.*

Chairman: The Newly Elected President of the International Council of Nurses. Address: Dr. Malvoz, Professor of the University of Liège: "Public Health and Its Legislative Measures". His Excellency the Minister of Social Affairs and Public Health: Address, Dr. V. Pechère, President of the National Association for Belgian Schools of Nursing: "Nursing Education in Belgium." Addresses of farewell from the five Continents, made by representatives from: Brazil, Greece, India, New Zealand and South Africa.

Evening:

A reception will be arranged as the concluding social event of the Congress.

News Notes

News items intended for publication in the ensuing issue must reach the Journal not later than the eighth of the preceding month. In order to ensure accuracy all contributions should be typewritten and double-spaced.

ALBERTA

EDMONTON: At the February meeting of the Edmonton Graduate Nurses Association a full attendance listened to a most interesting address on State Medicine given by Mr. Chris. Pattinson, M.L.A. for Peace River, who spoke of the great need of community centres, especially through the northern districts, so that medical service and advice could be available to all. He stated that health to-day is just as important as education and that responsibility for maintaining it must be shared by the community, by means of a State medical service which would enable the people to protect their health through the use of preventive measures. Such service would provide the best available medical care for those in financial straits and would not be likely to adversely affect private practice or hospitals. Mr. Pattinson emphasized the fact that the nursing profession must aspire to a high standard and carry on efficient work and that there must be some system adopted whereby the sick will get the nursing attention they require and the nurse the employment of which she stands in need.

GRANDE PRAIRIE: Miss G. M. Downey of the Grande Prairie Municipal Hospital Nursing Staff has returned to her Training School, St. Paul's Hospital, Saskatoon, for post-graduate instruction in Operating Room work. During her absence Miss Madelaine Garrett (Winnipeg General '31) will assist in the Operating Room. Miss Olive Owens, who has also been on the staff for some years, is completing a post-graduate course in pediatrics at the Children's Hospital of Winnipeg and will return in April.

CALGARY: Recently the Calgary Association of Graduate Nurses sponsored a lecture given by Dr. G. E. Learmonth on "Recent Advances in our knowledge of parathyroid, especially in relation to certain bone diseases." The lecture was well attended and much enjoyed by the members. Plans have been completed for the annual dance under the auspices of the Association which will be held on Thursday, April 20. Miss A. Casey is convener of the event. A dance has been organized by the C.A.G.N. to increase membership; appeals have been sent to non-members and former members whose memberships have lapsed. Considering the financial situation and lack of employment the appeal has met with a fair amount of success.

LETHBRIDGE: Miss Jean McKenzie was elected President of the Lethbridge Graduate Nurses' Association at their Annual Meeting held recently, seventeen members being present. Other officers for 1933 include: Vice-President, Mrs. J. E. Thompson; Secretary, Miss B. Clarke; Treasurer, Miss L. Parry.

BRITISH COLUMBIA

VICTORIA: The Annual Meeting of the Victoria Graduate Nurses Association was held on February 7, in the Royal Provincial Jubilee Hospital. The usual routine monthly business was despatched, after which the reports were read from the various departments of the organization, showing that in spite of hard times and financial conditions, there is still room for hope. The scrutineers' report showed the following officers elected for the year: President, Miss E. J. Herbert; Secretary, Miss Irene Helgasen; Treasurer, Miss W. M. Cooke; Registrar, Miss Edith Franks; Councillors, Miss C. Kenny, Miss E. Cameron, Miss H. Cruickshank, Miss E. C. McDonald, Mrs. E. B. Strachan. At the close of the business meeting the retiring President, Miss Meta Hodge, gave a few inspiring words of encouragement to the members. Miss Helen Randal, R.N. Provincial Registrar, also gave a word of greeting and a little timely information on nominations and the ballot. The meeting then adjourned to the spacious living room, where refreshments were served and a social hour spent.

REGISTERED NURSES' ASSOCIATION OF ONTARIO

DISTRICTS No. 2 & 3.

BRANTFORD: The February meeting of the Alumnae Association of the Brantford General Hospital was held on February 7, in the Nurses' Residence. The special speaker for the evening was Dr. C. C. Alexander, his Address being "Of What Use are Doctors and Dentists?", which proved very interesting; following this a short musical programme was given by several students from the Ontario School for the Blind. Mrs. W. F. McLean (Edna Clarke) class 1926, and Miss Reita Grahma class 1927, Brantford General Hospital, spent an enjoyable week visiting friends in Brantford. Miss Frances Batty, class 1930, arranged an attractive shower recently in honour of Miss Betty Speirs, class 1929, who is being married in the near future. Members of the 1930 class and other

friends of Miss Joyce Jordan, gathered at the home of Mrs. S. M. Roadhouse, and presented Miss Jordan with a lamp and cushion previous to her marriage which takes place shortly.

DISTRICT No. 6.

PETERBOROUGH: The Nicholls Hospital Alumnae at the March meeting had the pleasure of listening to an address by Miss A. M. Munn, who spoke on "Nursing Problems". The annual card party was held on February 14, and was largely attended. The proceeds are to be used for purposes of relief.

DISTRICT No. 10

The regular monthly meeting of the R.N.A.O. District 10, was held on March 2, in the General Hospital, Port Arthur, with Mrs. Edwards presiding. After a short business meeting, Dr. F. A. Blatchford gave a very interesting address on "Dentistry," which was followed by an amusing sketch on Dentistry by the C.G.I.T. girls under the leadership of Mrs. E. G. Edwards. There were thirty members present.

GUELPH: The Annual Meeting of the Alumnae Association of the Guelph General Hospital was held in the Nurses' Residence January 9, 1933. Election of officers for 1933 took place. Miss Kenney, who has been ill for the past six weeks, is feeling better and will soon be back on duty. Miss A. Campbell has had Miss Moore of the Public Health Department visiting with her recently. The staff members entertained at dinner for Miss A. Campbell recently, the occasion being Miss Campbell's birthday.

HAMILTON: On February 24th, a largely attended dance took place at the Nurses' Residence of St. Joseph's Hospital. The committee were as follows: Miss F. Nicholson (convener), Miss M. Kelly, Miss E. Golden, L. McElhome, Miss H. Robinson, Miss I. Hoyle, Miss G. Schnette, Miss K. Dowling and Miss M. Simmott. On February 6th a Euchre and Bridge were held, Miss Florence Nicholson being convener assisted by Miss L. McElhome, Miss A. Melody, Miss E. Quinn, Miss H. McManamy, Miss L. Hoyle and Miss A. Williams.

OTTAWA: The Lady Stanley Alumnae Association held a delightfully arranged bridge party on March 2nd. About fifty guests were present and were graciously received by the President, Miss Jean Blyth, who was assisted by Miss Mabel Stewart and Miss

Margaret McNiece. The "Door" prize was won by Mrs. H. P. Evans and a special prize donated by Mrs. Manley was won by Miss M. Shaver. Bridge prizes were awarded to Miss M. Smith, Miss M. Stewart and Mrs. J. Jowsey.

OWEN SOUND: The officers of the Owen Sound Nurses Alumnae Association for 1933 are as follows: Hon. President, Miss B. Hall; President, Miss Cora Thompson; First Vice-President, Miss F. Rae; Second Vice-President, Miss C. Maxwell; Sec-Treasurer, Miss Mary Paton; Asst.-Secretary-Treasurer, Miss J. Agnew; Flower Committee, Miss Alma Weedon, Miss Marjorie Ellis and Mrs. J. Burns; Programme Committee, Miss M. Cruikshanks, Miss Cora Stewart; Press Representative, Miss M. Story; Lunch Committee, Miss Leone McDonald, Miss R. Duncan, Mrs. J. Burns; Auditor, Miss M. Simpson.

TORONTO: The appointment of Miss Elizabeth Smellie, Chief Superintendent, Victorian Order of Nurses for Canada, as Honorary Consultant in Public Health Nursing, to the Ontario Department of Health, has been announced by the Minister of Health, Honorable Dr. John M. Robb.

Public Health Nurses in the following centres outside Toronto are giving field work to graduate students of the Department of Public Health Nursing, University of Toronto; Kitchener, Oakville, Orillia, Burlington, Oshawa, Paris, Lindsay, Stratford, Renfrew, Weston, Simcoe, New Toronto, and the Townships of East and North York.

WINDSOR: The Registered Nurses Association of Ontario has arranged with the Prince Edward Hotel, Windsor, for special rates during the annual meeting which takes place April 20-22 inclusive. The rates are as follows: Single room with bath at \$3.00 a day minimum; ranging to \$5.00 according to size and location. Double room with double bed and bath in inside location at \$4.00 or \$4.50 a day. Double room with double bed and bath in outside location at \$5.00 a day. Double room with twin beds and bath, larger in outside location, \$6.00 or \$7.00 a day. A double room equipped with double bed and bath at \$5.00 a day when occupied by two people, and \$1.00 a day for each additional guest occupying the same room. A bungalow bed to supply the necessary sleeping accommodation for each extra occupant can be provided. The same arrangement for a double room and bath in inside location at \$4.00 a day for two people may be made.



OVERSEAS NURSING SISTERS' ASSOCIATION OF CANADA

HAMILTON: The Hamilton Branch of the Overseas Nursing Sisters Association held their Annual Meeting dinner and bridge party on January 31st. Nineteen nurses were present. The following officers were elected for the coming year: President, Miss Cowan; Hon-President, Miss Rayside, R.R.C.; Vice-President, Miss Boyd; Sec-Treasurer, Mrs. Turner; Executive Committee, Miss Galloway, Miss Walker, Miss Williams, Miss Long, Miss King, Miss Foster, Miss Chisholm.

KINGSTON: The Kingston Overseas Nursing Association held their Annual Meeting in January. A dinner and theatre party was much enjoyed by the fourteen members present. Miss Olivia Wilson succeeded Miss Maude Abernethy as president. Miss L. Herrington and Miss Lillian McGill were elected Vice-President and Secretary-Treasurer respectively. Miss Margaret Patterson, C.A.M.C. Canadian General Hospital No. 2, became a member.

TORONTO UNIT: On February 25, the home of Mrs. Jack Bell was the scene of a delightful informal tea given by the officers and executive of the Toronto Unit of the Overseas Nursing Sisters' Association. The guests, who numbered 150, were received by the hostess who is the President of the club, and by the Vice-President, Miss Harriet Meiklejohn, in the drawing room, which was filled with spring flowers and cheered by a blazing hearth fire, in cheerful contrast to the disappointing weather, which prevented many members from nearby cities from driving in for the occasion. Presiding at the tea-table were Mrs. Guy Dingle, Mrs. J. E. Barry, Mrs. M. M. Crawford, Mrs. D. Forgan and

Mrs. Guy Bevan. They were assisted by Mrs. John McKay, Mrs. Ross Jamieson, Mrs. W. Hanna, Mrs. L. Cody, Mrs. Wm. Givens and others.

MONTREAL: The Annual Meeting of the Overseas Nursing Sisters' Association of Canada, Montreal Branch, was held on January 27, 1933. The following officers were elected: President, Miss N. Enright; Vice-President, Miss C. E. Connerty; Secretary, Mrs. J. A. Toller, 4107 Grand Blvd.; Treasurer, Miss C. Harrison; Sick Visiting, Miss Mary Wright; Last Post Fund, Mrs. Stuart Ramsey; Executive, Miss Kay, Mrs. Turcott and Miss Gaskin. During the year a bridge was held at the Western Hospital, over sixty members being present. Members sold poppies in the theatres on the night of November 10th, in aid of the Relief Fund. The annual Armistice Dinner was held on November 11th, and the members were entertained by Messrs. J. Rice and G. Vander Straton. The Association contributed to the Last Post Fund and to the Relief of Unemployed Veterans.

WINDSOR: The Windsor Overseas Nursing Association held its Annual Meeting on February 3, with the Vice-Chairman, Mrs. Gilbert Story (Marion Star) presiding. The President, Miss Nellie Gerard, was prevented by illness from being present. Reports of the activities of the group were presented and the election of officers resulted as follows: President, Miss Caroline La Rose; Vice-President, Mrs. (Dr.) Windelar; Secretary-Treasurer, Miss Frances McNally. A delightful social hour was enjoyed at the conclusion of the meeting.

Official Directory

International Council of Nurses:

Secretary, Miss Christiane Reimann, 14 Quai des Eaux-Vives, Geneva, Switzerland.

CANADIAN NURSES' ASSOCIATION

Officers

Honorary President	Miss M. A. Snively, General Hospital, Toronto, Ont.
President	Miss F. H. M. Emory, University of Toronto, Toronto, Ont.
First Vice-President	Miss R. M. Simpson, Parliament Bldgs., Regina, Sask.
Second Vice-President	Miss G. M. Bennett, Ottawa Civic Hospital, Ottawa, Ont.
Honorary Secretary	Miss Nora Moore, City Hall, Room 309, Toronto, Ont.
Honorary Treasurer	Miss M. Murdoch, St. John General Hospital, Saint John, N.B.

COUNCILLORS AND OTHER MEMBERS OF EXECUTIVE COMMITTEE

Numerals preceding names indicate office held viz: (1) President, Provincial Nurses Association; (2) Chairman Nursing Education Section; (3) Chairman, Public Health Section; (4) Chairman, Private Duty Section.

Alberta: (1) Miss F. Munroe, Royal Alexandra Hospital, Edmonton; (2) Miss J. Connal, General Hospital, Calgary; (3) Miss B. A. Emerson, 604 Civic Block, Edmonton; (4) Miss Phyllis Gilbert, 113 25th Ave. W., Calgary.

British Columbia: (1) Miss M. P. Campbell, 516 Vancouver Block, Vancouver; (2) Miss M. F. Gray, Dept. of Nursing, University of British Columbia, Vancouver; (3) Miss M. Kerr, 946 20th Ave. West, Vancouver; (4) Miss E. Franks, Ste. 5, Tudor Manor, 1035 Fairfield Rd., Victoria, B.C.

Manitoba: (1) Miss Jean Houston, Manitoba Sanatorium, Ninette; (2) Miss M. C. Macdonald, 668 Bannatyne Ave., Winnipeg; (3) Miss A. Laporte, St. Norbert; (4) Miss K. McCallum, 181 Enfield Crescent, Norwood.

New Brunswick: (1) Miss A. J. MacMaster, Moncton Hospital, Moncton; (2) Sister Corinne Kerr, Hotel Dieu Hospital, Campbellton; (3) Miss Ada Burns, Health Centre, Saint John; (4) Miss Mabel McMullen, St. Stephen.

Nova Scotia: (1) Miss Anne Slattery, Box 173, Windsor, (2) Miss Elizabeth O. R. Browne, 612 Dennis Bldg., Halifax; (3) Miss A. Edith Fenton, Dalhousie Health Clinic, Morris St., Halifax; (4) Miss Jean S. Trivett, 71 Cobourg Road, Halifax.

Executive Secretary: Miss Jean S. Wilson, National Office, 1411 Crescent St., Montreal, P.Q.

OFFICERS OF SECTIONS OF CANADIAN NURSES' ASSOCIATION

NURSING EDUCATION SECTION

CHAIRMAN: Miss G. M. Fairley, Vancouver General Hospital, Vancouver; **VICE-CHAIRMAN:** Miss M. F. Gray, University of British Columbia, Vancouver; **SECRETARY:** Miss E. F. Upton, Suite 221, 1396 St. Catherine St. West, Montreal; **TREASURER:** Miss M. Blanche Anderson, Ottawa Civic Hospital, Ottawa, Ont.
COUNCILLORS—**Alberta:** Miss J. Connal, General Hospital, Calgary. **British Columbia:** Miss M. F. Gray, University of British Columbia, Vancouver. **Manitoba:** Miss M. C. Macdonald, 668 Bannatyne Ave., Winnipeg. **New Brunswick:** Sister Corinne Kerr, Hotel Dieu, Campbellton. **Nova Scotia:** Miss Elizabeth O. R. Browne, 612 Dennis Bldg., Halifax. **Ontario:** Miss Constance Brewster, General Hospital, Hamilton. **Prince Edward Island:** Miss M. Lavers, Prince Co. Hospital, Summerside. **Quebec:** Miss Martha Batson, Montreal General Hospital, Montreal. **Saskatchewan:** Miss G. M. Watson, City Hospital, Saskatoon. **CONVENER OF PUBLICATIONS:** Miss Mildred Reid, Winnipeg General Hospital, Winnipeg.

PRIVATE DUTY SECTION

CHAIRMAN: Miss Isabel MacIntosh, 281 Park St. S., Hamilton; **VICE-CHAIRMAN:** Miss Mabel McMullen, Box 318, St. Stephen; **SECRETARY-TREASURER:** Mrs. Rose Hess, 139 Wellington Street, Hamilton.
COUNCILLORS—**Alberta:** Miss Phyllis N. Gilbert, 113 25th Ave. W., Calgary. **British Columbia:** Miss E. Franks, Ste. 5, 1035 Fairfield Road, Victoria.

Ontario: (1) Miss Mary Millman, 126 Pape Ave., Toronto; (2) Miss Constance Brewster, General Hospital, Hamilton; (3) Miss Clara Vale, 75 Huntley St., Toronto; (4) Miss Clara Brown, 23 Kendal Ave., Toronto.

Prince Edward Island: (1) Miss Lillian Pidgeon, Prince Co. Hospital, Summerside; (2) Miss F. Lavers, Prince Co. Hospital, Summerside; (3) Miss I. Gillan, 59 Grafton St., Charlottetown; (4) Miss M. Gamble, 51 Ambrose St., Charlottetown.

Quebec: (1) Miss C. V. Barrett, Royal Victoria Hospital, Montreal; (2) Miss Martha Batson, Montreal General Hospital, Montreal; (3) Miss Marion Nash, 1246 Bishop Street, Montreal; (4) Miss Sara Matheson, Apt. 24, 2151 Lincoln Ave., Montreal.

Saskatchewan: (1) Miss Elizabeth Smith, Normal School, Moose Jaw; (2) Miss G. M. Watson, City Hospital, Saskatoon; (3) Mrs. E. M. Feeny, Dept. of Public Health, Parliament Bldgs, Regina; (4) Miss M. E. Chisholm, 805 7th Ave. N., Saskatoon.

CHAIRMEN NATIONAL SECTIONS

NURSING EDUCATION: Miss G. M. Fairley, Vancouver General Hospital, Vancouver; **PUBLIC HEALTH:** Miss M. Moag, 1246 Bishop St., Montreal; **PRIVATE DUTY:** Miss Isabel MacIntosh, 281 Park St. S., Hamilton.

Manitoba: Miss K. McCallum, 181 Enfield Crescent, Norwood. **New Brunswick:** Miss Mabel McMullen, St. Stephen. **Nova Scotia:** Miss Jean Trivett, 71 Cobourg Road, Halifax. **Ontario:** Miss Clara Brown, 23 Kendal Ave., Toronto. **Prince Edward Island:** Miss M. Gamble, 51 Ambrose St., Charlottetown. **Quebec:** Miss Sara Matheson, 2151 Lincoln Ave., Montreal. **Saskatchewan:** Miss M. R. Chisholm, 805 7th Ave. N., Saskatoon. **CONVENER OF PUBLICATIONS:** Miss Jean Davidson, Paris.

PUBLIC HEALTH SECTION

CHAIRMAN: Miss M. Moag, 1246 Bishop St., Montreal; **VICE-CHAIRMAN:** Miss M. Kerr, 946 20th Ave. W., Vancouver; **SECRETARY-TREASURER:** Mrs. I. Manson Prince, School for Graduate Nurses, McGill University, Montreal.

COUNCILLORS—**Alberta:** Miss B. A. Emerson, 604 Civic Block, Edmonton. **British Columbia:** Miss M. Kerr, 946 20th Ave. W., Vancouver. **Manitoba:** Miss A. Laporte, St. Norbert. **New Brunswick:** Miss Ada Burns, Health Centre, Saint John. **Nova Scotia:** Miss A. Edith Fenton, Dalhousie Health Clinic, Morris St., Halifax. **Ontario:** Miss Clara Vale, 75 Huntley St., Toronto. **Prince Edward Island:** Miss Ima Gillan, 59 Grafton St., Charlottetown. **Quebec:** Miss Marion Nash, 1246 Bishop St., Montreal. **Saskatchewan:** Mrs. E. M. Feeny, Dept. of Public Health, Parliament Buildings, Regina. **CONVENER OF PUBLICATIONS:** Mrs. Agnes Haygarth, 21 Sussex St., Toronto.

Provincial Associations of Registered Nurses

ALBERTA

Alberta Association of Registered Nurses

President, Miss E. Munro, Royal Alexandra Hospital, Edmonton; First Vice-President, Mrs. de Salge, Holy Cross Hospital, Calgary; Second Vice-President, Miss S. Macdonald, General Hospital, Calgary; Secretary-Treasurer, Miss Kate S. Brighty, Administration Building, Edmonton; Nursing Education Section, Miss J. Connal, General Hospital, Calgary; Public Health Section, Miss B. A. Emerson, 604 Civic Block, Edmonton; Private Duty Section, Miss Phyllis Gilbert, 113 25th Ave. W., Calgary.

BRITISH COLUMBIA

Graduate Nurses' Association of British Columbia

President, Miss M. P. Campbell, R.N., 516 Vancouver Block, Vancouver; First Vice-President, Miss E. Breeze, R.N., 4602 Angus Ave., Vancouver; Second Vice-President, Miss G. Fairley, R.N., Vancouver General Hospital, Vancouver; Registrar, Miss Helen Randal, R.N., 516 Vancouver Block, Vancouver; Secretary, Miss M. Dutton, R.N., 516 Vancouver Block, Vancouver; Conveners of Committees: Nursing Education, Miss M. F. Gray, R.N., University of British Columbia, Vancouver; Public Health, Miss M. Kerr, R.N., 946 20th Ave. West, Vancouver, B.C.; Private Duty, Miss E. Franks, R.N., Ste. 5, Tudor Manor, 1035 Fairfield Rd., Victoria; Councillors, Mrs. P. Kirkness, R.N., Misses J. Archibald, R.N., M. Duffield, R.N., L. McAllister, R.N.

MANITOBA

Manitoba Ass'n of Registered Nurses

President, Miss Jean Houston, Ninette, Man.; 1st Vice-President, Miss M. Reid, Nurses Home, W.G.H. Winnipeg; 2nd Vice-President, Miss Christine McLeod, General Hospital, Brandon; 3rd Vice-President, Sister Krause, St. Boniface Hospital Board Members: Misses M. Lang, K. W. Ellis, C. Taylor, I. McDiarmid, M. Meehan, E. Shirley, E. Carruthers, K. McLearn, Sister Superior, Misericordia Hospital; Sister St. Albert, St. Joseph's Hospital; Miss J. Purvis, Portage la Prairie, General Hospital. Conveners of Sections: Nursing Education Section, Miss M. C. Macdonald, Central T. B. Clinic, 668 Bannatyne Ave., Winnipeg; Public Health Section, Miss A. Laporte, St. Norbert, Man.; Private Duty Section, Miss K. McCallum, 181 Enfield Crescent, Norwood, Man. Conveners of Committees: Legislative Committee, Miss C. Taylor; Directory Committee, Miss E. Carruthers; Social and Programme, Miss C. Billyard; Sick Visiting, Mrs. J. R. Hall; Treasurer and Registrar, Mrs. Stella Gordon Kerr, 753 Wolseley Ave., Winnipeg.

NEW BRUNSWICK

New Brunswick Association of Registered Nurses

President, Miss A. J. MacMaster, Moncton Hospital; First Vice-President, Miss Margaret Murdoch, Saint John General Hospital; Second Vice-President, Mrs. A. G. Woodcock, Victoria Public Hospital, Fredericton; Honorary Secretary, Sister Kenny, Hotel Dieu Hospital, Chatham; Conveners—Nursing Education Section: Sister Kerr, Hotel Dieu Hospital, Campbellton; Public Health Section: Miss Ada A. Burns, Health Centre, Saint John; Private Duty Section: Miss Mabel McMullin, St. Stephen; Constitution and By-Laws, Miss Sarah Brophy, Fairville, N.B.; Canadian Nurse, Miss Kathleen Lawson, 84 Wright St., St. John; Council Members, Saint John, Miss Dykeman, Miss Coleman, Moncton, Miss Myrtle Kay, Woodstock, Miss Elsie M. Tulloch, Secretary-Treasurer-Registrar, Miss Maude E. Retallick, 262 Charlotte St., West St. John.

NOVA SCOTIA

Registered Nurses Association of Nova Scotia

President, Miss Anne Slattery, Windsor; First Vice-President, Miss Victoria Winslow, Children's Hospital, Halifax; Second Vice-President, Miss Ethel Grant, Infectious Diseases Hospital, Halifax; Third Vice-President, Miss Gertrude MacKenzie, 55½ Lemarchant St., Halifax; Recording Secretary, Mrs. Donald Gillis, 123 Vernon St., Halifax; Corresponding Secretary, Treasurer and Registrar, Miss L. F. Fraser, 10 Eastern Trust Bldg., Halifax.

ONTARIO

Registered Nurses Association of Ontario (Incorporated 1925)

President, Miss Mary Millman, 126 Pape Ave., Toronto; First Vice-President, Miss Marjorie Buck, Norfolk General Hospital, Simcoe; Second Vice-President, Miss Priscilla Campbell, Public General Hospital, Chatham; Secretary-Treasurer, Miss Matilda E. Fitzgerald, 380 Jane St., Toronto; District No. 1: Chairman, Miss Priscilla Campbell, Public General Hospital, Chatham; Secretary-Treasurer, Miss Lila Curtis, 78 Forest St., Chatham; Districts Nos. 2 and 3: Chairman, Miss Jessie M. Wilson, General Hospital, Brantford; Secretary-Treasurer, Miss Edith Jones, 253 Grenwick St., Brantford; District No. 4: Chairman, Miss Constance Brewster, General Hospital, Hamilton; Secretary-Treasurer, Mrs. Norman Barlow, 211 Stinson St., Hamilton; District No. 5: Chairman, Miss Dorothy Mickleborough, 169 College St., Toronto; Secretary-Treasurer, Miss Irene Weirs, 198 Manor Road E., Toronto; District No. 6: Chairman, Miss Rebecca Bell, General Hospital, Port Hope; Secretary-Treasurer to be appointed; District No. 7: Chairman, Miss Louise D. Acton, General Hospital, Kingston; Secretary-Treasurer, Miss Evelyn Freeman, General Hospital, Kingston; District No. 8: Chairman, Miss Dorothy Percy, 434 Queen St., Ottawa; Secretary-Treasurer, Miss A. G. Tanner, Civic Hospital, Ottawa; District No. 9: Chairman, Miss Katherine Mackenzie, 235 First Ave. E., North Bay; Secretary-Treasurer, Miss Robena Buchanan, 197 First Ave., E., North Bay; District No. 10: Chairman, Mrs. M. Edwards, 226 N. Harold St., Fort William; Secretary-Treasurer, Miss Ethel Stewardson, McKellar General Hospital, Fort William.

District No. 8 Registered Nurses Association of Ontario

Chairman: Miss D. M. Percy, Vice-Chairman; Miss M. B. Anderson; Secretary-Treasurer, Miss A. G. Tanner, Ottawa Civic Hospital; Councillors, Misses E. C. McIlraith, M. Graham, M. Slinn, A. Brady, M. Robertson, R. Pridmore; Conveners of Committees, Membership, Miss E. Rochon; Publications, Miss E. C. McIlraith; Nursing Education, Miss M. E. Acland; Private Duty, Miss J. L. Church; Public Health, Miss M. Robertson.

District 10, Registered Nurses Association of Ontario

Chairman: Mrs. F. M. Edwards; Vice-Chairman, Miss V. Lovelace; Secretary-Treasurer, Miss E. Stewardson, McKellar Hospital, Fort William; Councillors: Nurse Education, Miss B. Bell; Publication, Miss Robinson; Private Duty, Miss Elliott; Public Health, Miss Hamilton; Membership, Miss Chivers-Wilson and Miss Flannigan.

QUEBEC

Association of Registered Nurses of the Province of Quebec (Incorporated 1920)

Advisory Board, Misses Mary Samuel, L. C. Phillips, M. F. Hersey, Bertha Harmer, M. A. Mabel Clint, Rev. Mere M. A. Allaire, Rev. Soeur Augustine;

President, Miss Caroline V. Barrett, Royal Victoria Montreal Maternity Hospital; Vice President (English), Miss Margaret Moag, V.O.N., 1246 Bishop Street, Montreal; Vice-President (French), Rev. Soeur Allard, Hotel-Dieu de St. Joseph, Montreal; Hon. Secretary, Miss Elsie Alder, Royal Victoria Hospital; Hon. Treasurer, Miss Marion E. Nash, V.O.N., 1246 Bishop Street, Montreal. Other members: Miss Mabel K. Holt, The Montreal General Hospital, Mademoiselle Edna Lynch, Nursing Supervisor, Metropolitan Life Insurance Co., Montreal, Miss Sara Matheson, Apt. 24, 2151 Lincoln Ave., Miss Charlotte Nixon, 2276 Old Orchard Ave., Montreal, Rev. Soeur St. Jean-de-l'Eucharistic, Hopital Notre Dame, Montreal. Conveners of Sections: Private Duty (English), Miss Sara Matheson, Apt. 24, Haddon Hall Apts., 2151 Lincoln Ave., Montreal; (French) Mlle Alice Lepine, Hopital Notre Dame, Montreal; Nursing Education (English), Miss Martha Batson, The Montreal General Hospital, (French) Rev. Soeur Augustine, Hopital St. Jean-de-Dieu, Guelin, P.Q.; Public Health, Miss Marian Nash, V.O.N., Bishop Street, Montreal; Board of Examiners, Miss C. V. Barrett (Convener), Royal Victoria Maternity Hospital, Montreal, Mme R. D. Bourque, Université de Montreal (Ecole d'Hygiene Appliquee), Melles Edna Lynch, Apt. 3, 4503 rue

St-Denis, Montreal, Laura Senecal, Hopital Notre Dame, Misses Rita Sutcliffe, 4635 Queen Mary Road, Montreal, Marion Lindeburgh, School for Graduate Nurses, McGill University, Montreal, Olga V. Lilly, Royal Victoria Montreal Maternity Hospital, Montreal; Executive Secretary, Registrar and Official School Visitor: Miss E. Frances Upton, Suite 221, 1396 St. Catherine St. W., Montreal.

SASKATCHEWAN

Saskatchewan Registered Nurses Association (Incorporated March, 1927)

President, Miss Elizabeth Smith, Normal School, Moose Jaw; First Vice-President, Miss R. M. Simpson, Department of Public Health, Regina; Second Vice-President, Miss M. McGill, Normal School, Saskatoon; Councillors, Sister Mary Raphael, Providence Hospital, Moose Jaw, Miss G. M. Watson, City Hospital, Saskatoon; Conveners of Standing Committees: Nursing Education, Miss G. M. Watson, City Hospital, Saskatoon; Public Health, Mrs. E. M. Feeny, Department of Public Health, Regina; Private Duty, Miss M. R. Chisholm, 805 7th Ave. N., Saskatoon; Secretary-Treasurer and Registrar, Miss E. E. Graham, Regina College, Regina.

Associations of Graduate Nurses

ALBERTA

Calgary Association of Graduate Nurses

Hon. President Dr. H. A. Gibson; President, Miss P. Gilbert; First Vice-President, Miss K. Lynn; Second Vice-President, Miss F. Shaw; Recording Secretary, Mrs. F. V. Kennedy; Corresponding Secretary, Miss K. Shore; Treasurer, Miss M. Watt; Convener Private Duty Section, Miss P. Gilbert; Registrar, Miss D. Mott, 2219 2nd St. W.

Edmonton Association of Graduate Nurses

President, Miss Ida Johnson; First Vice-President, Miss P. Chapman; Second Vice-President, Miss E. Fenwick; Recording Secretary, Miss Violet Chapman; Press and Corresponding Secretary: Miss Clow, 11138 Whyte Ave., Edmonton; Treasurer, Miss M. Staley, 9838-108th St., Edmonton; Registrar, Miss Sproule, 11138 Whyte Ave., Edmonton.

Medicine Hat Graduate Nurses Association

President, Mrs. Mary Tobin; First Vice-President, Mrs. Laing; Second Vice-President, Miss F. Ireland; Secretary, Miss M. Hagerman, City Court House, 1st St.; Treasurer, Miss Ida Henderson; Committee Conveners: New Membership, Mrs. C. Wright; Flower, Miss M. Murray; Private Duty Section, Miss V. Ross; Correspondent, "The Canadian Nurse", Miss F. Smith. Regular meeting first Tuesday in month.

BRITISH COLUMBIA

Nelson Graduate Nurses Association

Hon. President, Miss K. E. Gray, Matron, Kootenay Lake General Hospital; President, Miss A. Cant; First Vice-President, Mrs. P. Bates; Second Vice-President, Miss M. Madden; Third Vice-President, Mrs. Scatchard; Secretary-Treasurer, Mrs. A. Banks, Box 1053, Nelson, B.C.

Vancouver Graduate Nurses Association

President, Miss K. Sanderson, 1310 Jervis St., Vancouver; First Vice-President, Miss Grace M. Fairley, General Hospital, Vancouver; Second Vice-President, Miss J. Matheson; Secretary, Miss K. F. Perrin, 3629 2nd Ave. W., Vancouver; Treasurer, Miss L. G. Archibald, 536 12th Ave. W., Vancouver; Council, Misses O. M. Shore, M. Gray, D. McDermott, J. Johnston, M. Duffield; Conveners of Committees: Sick Visiting, Miss B. Cunliff; Directory, Miss H. Smith; Creche, Miss M. McLellan; Finance, Mrs. Dugdale and Miss Wiamer; Representative, "The Canadian Nurse", Miss M. G. Laird; Representative, Local Press, Rotating members of the Board.

Victoria Graduate Nurses Association

Hon. Presidents, Miss L. Mitchell, Sister Superior Ludovic; President, Miss E. J. Herbert; First Vice-President, Miss D. Frampton; Second Vice-President, Miss C. McKenzie; Secretary, Miss I. Helgesen; Treasurer, Miss W. Cooke; Registrar, Miss E. Franks, 1035 Fairfield Road, Victoria; Executive Committee, Miss E. B. Strachan, Miss H. Cruikshanks, Miss E. McDonald, Miss C. Kenny, Miss E. Cameron.

MANITOBA

Brandon Graduate Nurses Association

Hon. President, Miss E. Birtles; Hon. Vice-President, Mrs. W. H. Shillinglaw; President, Miss M. K. Finlayson; First Vice-President, Miss J. Anderson; Second Vice-President, Miss H. Ward; Secretary, Miss J. A. Munro, 243 12th Street; Treasurer, Miss E. G. McNally, General Hospital; Conveners of Committees: Social and Programme, Mrs. S. J. S. Pierce; Sick and Visiting, Miss A. Bennett; Welfare Representative, Mrs. R. Darrach; Press Reporter, Miss D. Longley; Cook Book, Mrs. A. Kains; Registrar, Miss C. M. MacLeod.

ONTARIO

Graduate Nurses Association, Kitchener and Waterloo

President, Miss K. W. Scott; First Vice-President, Mrs. Wm. Noll; Second Vice-President, Miss K. Grant; Secretary, Miss A. E. Bingeman, Freeport Sanatorium; Treasurer, Mrs. Wm. Knell, 41 Ahrens St. W.; Representative, "The Canadian Nurse", Miss E. Hartleib.

Graduate Nurses Alumnae, Welland

Hon. President, Miss E. Smith, Superintendent, Welland General Hospital; Hon. Vice-President, Miss M. Hall, Welland General Hospital; President, Miss D. Saylor; Vice-President, Miss B. Saunders; Secretary, Miss M. Rinker, 28 Division St.; Treasurer, Miss B. Eller; Executive, Misses M. Peddie, M. Tufts, B. Clothier and Mrs. P. Brasford.

QUEBEC

Graduate Nurses Association of the Eastern Townships

Hon. President, Miss H. S. Buck, Superintendent, Sherbrooke Hospital; President, Miss H. Hetherington; First Vice-President, Miss D. Dwane; Second Vice-President, Miss N. Arguin; Recording Secretary, Miss P. Gustafson; Corresponding Secretary, Miss M. Mason; Treasurer, Miss M. Robins; Representative, Private Duty Section, Miss E. Morrisette; Representative, "The Canadian Nurse", Miss C. Hornby, Box 324, Sherbrooke, P.Q.

Montreal Graduate Nurses' Association

Hon. President, Miss L. C. Phillips; President, Miss Christine Watling, 1230 Bishop Street; First Vice-President, Miss Sara Matheson; Second Vice-President, Mrs. A. Stanley; Secretary-Treasurer and Night Registrar, Miss Ethel Clark, 1230 Bishop Street; Day Registrar, Miss Kathleen Bliss; Relief Registrar, Miss H. M. Sutherland; Convener Griffintown Club, Miss G. Colley. Regular Meeting, Second Tuesday of January, first Tuesday of April, October and December.

SASKATCHEWAN**Moose Jaw Graduate Nurses Association**

Hon. Advisory President, Miss Cora Keir; Hon. President, Miss Beth Smith; President, Mrs. M. Young; First Vice-President, Miss M. Armstrong; Second Vice-President, Miss L. French; Secretary-Treasurer, Miss F. Caldwell, 262 Athabasca E.; Registrar, Miss C. Keir; Conveners of Committees: Nursing Education, Miss Last; Private Duty, Miss Wallace; Constitution and By-laws, Miss Lamond; Programme, Miss G. Taylor; Sick and Visiting, Miss McIntyre; Social, Miss Lowry; "The Canadian Nurse", Miss M. McQuarrie; Press Representative, Mrs. Phillips.

Alumnae Associations**ALBERTA****A. A., Royal Alexandra Hospital Edmonton**

Hon. President, Miss F. Munroe; President, Mrs. Scott Hamilton; First Vice-President, Miss V. Chapman; Second Vice-President, Mrs. C. Chinneck; Recording Secretary, Miss G. Allyn; Corresponding Secretary, Miss A. Oliver, Royal Alexandra Hospital; Treasurer, Miss E. English, Suite 2, 10014 112 Street.

A. A., Holy Cross Hospital, Calgary

President, Mrs. L. de Satge; Vice-President, Miss A. Willison; Recording Secretary, Miss E. Thom; Corresponding Secretary, Miss P. N. Gilbert; Treasurer, Miss S. Craig; Honorary Members, Rev. Soeur St. Jean de l'Eucharistie, Miss M. Brown.

A. A., Lamont Public Hospital

Hon. President, Mrs. R. E. Harrison; President, Miss M. Boutillier; Vice-President, Miss L. Wright; Secretary-Treasurer, Mrs. C. Craig, Namaso, Alta.; Corresponding Secretary, Miss F. E. C. Reid, Box 84, Innisfree, Alta.; Social Committee, Mrs. G. Harold, Mrs. M. Alton.

BRITISH COLUMBIA**A. A., St. Paul's Hospital, Vancouver**

Hon. President, Rev. Sister Superior; Hon. Vice-President, Sister Therese Amable; President, Miss B. Berry; Vice-President, Miss K. Flahiff; Secretary, Miss F. Treavor; Assistant Secretary, Miss M. Johnson; Secretary-Treasurer, Miss L. Elizabeth Otterbine; Executive, Misses M. Briggs, V. Dyer, K. Withyman, Ethel Carter, and I. Kent.

A. A., Vancouver General Hospital

Hon. President, Miss Grace Fairley; President, Mrs. G. E. Gillies; First Vice-President, Miss J. Hardy; Second Vice-President, Miss E. Erskine; Secretary, Mrs. J. Jones, 3681 2nd Ave. W.; Assistant Secretary, Miss M. Grainger; Treasurer, Miss A. Geary, 3176 West 2nd Ave.; Committee Conveners—Programme, Miss C. Trettheway; Bond, Miss D. Bullock; Sick Visiting, Miss O. Shore; Sewing, Mrs. R. Gordon; Membership, Miss F. Verchere; Sick Benefit Fund, Miss I. McVicar; Representatives: Local Press, Mrs. R. Gordon; V.G.N.A., Miss Wilson.

A. A., Jubilee Hospital, Victoria

Hon. President, Miss L. Mitchell; President, Miss Jean Moore; First Vice-President, Mrs. Chambers; Second Vice-President, Mrs. Carruthers; Secretary, Mrs. A. Dowell, 30 Howe St.; Assistant Secretary, Miss C. McKenzie; Treasurer, Miss E. Newman; Convener, Entertainment Committee, Miss I. Helgeson; Sick Nurse, Miss C. McKenzie.

MANITOBA**A. A., Children's Hospital, Winnipeg**

Hon. President, Miss M. B. Allan; President, Miss Catherine Day; First Vice-President, Miss Edith Jarrett; Secretary, Miss Elsie Fraser, Children's Hospital, Winnipeg; Treasurer, Miss M. Hughes, 15 Mount Royal Apts., Winnipeg; Sick Visiting Committee, Miss M. Atkinson; Entertainment Committee, Mrs. Geo. Wilson.

A. A., St. Boniface Hospital, St. Boniface

Hon. President, Rev. Sr. Krause, St. Boniface Nurses Home; President, Miss Clara Miller, 825 Broadway, Wpg.; First Vice-President, Miss H. Stephen, 15 Ruth Apts., Maryland St., Wpg.; Second Vice-President, Miss M. Madill, F. Ashford Bldg., Wpg.; Secretary, Miss Jeannie Archibald, Shriners Hospital, Wpg.; Treasurer, Miss Etta Shirley, 14 King George Ct., Wpg.; Social Convener, Miss K. McCallum, 181 Enfield Cr., Norwood; Sick Visiting Convener, Mrs. B. Greville, 211 Hill St., Norwood; Rep. to Local Council of Women, Miss M. Rutley, 12 Eugene Apts., Norwood; Representative to Press, Mrs. S. G. Kerr, 753 Wolseley Ave., Wpg.

A. A., Winnipeg General Hospital

Hon. President, Mrs. A. W. Moody, 97 Ash Street; President, Mrs. W. E. Harry, Winnipeg General Hospital; First Vice-President, Miss Emily Parker, 580 Broadway Avenue; Second Vice-President, Miss J. McDonald, Deer Lodge Hospital; Third Vice-President, Miss M. Cowie, Winnipeg General Hospital; Corresponding Secretary, Mrs. A. Swan, 20 Dalkeith Apts. Recording Secretary, Miss J. Landy, Winnipeg General Hospital; Treasurer, Miss M. Macdonald, Central T. B. Clinic; Sick Visiting, Miss Jean Mathray, Winnipeg General Hospital; Membership, Miss Helen Turner, 133 Spence Street; Programme, Miss A. Pearson, Winnipeg General Hospital; Editor of Journal, Miss Ruth Monk, 134 Westgate; Assistant Editor, Miss Grace Gourley, 230 Oxford Street; Business Manager, Miss E. Timlick, Winnipeg General Hospital.

ONTARIO**BELLEVILLE****A. A., Belleville General Hospital**

Hon. President, Miss Florence McIndoo; President, Miss M. A. Fitzgerald; Vice-President, Miss H. Molyneux; Secretary, Miss W. Almey; Treasurer, Miss B. Allen; Flower Committee, Miss H. Fitzgerald; Social Committee, Miss E. Wright; Representative to "The Canadian Nurse", Miss V. Humphries.

BRANTFORD**A. A., Brantford General Hospital**

Hon. President, Miss E. Muriel McKee, Superintendent; President, Miss K. Charnley; Vice-President, Miss G. Turnbull; Secretary, Miss H. D. Muir, Brantford General Hospital; Assistant Secretary, Miss V. Buckwell; Treasurer, Miss L. Gillespie, Gen'l Hospital,

Brantford; Social Convener, Mrs. D. A. Morrison; Flower Committee, Mrs. E. Claridge, Miss F. Stewart; Gift Committee, Mrs. G. Andrews, Miss W. Laird; "The Canadian Nurse" and Press Representative, Miss D. Arnold; Chairman Private Duty Council, Miss E. M. Jones; Representative to Local Council of Women, Mrs. Reg. Hamilton.

BROCKVILLE

A.A., Brockville General Hospital

Hon. President, Miss A. L. Shannette; President, Mrs. H. B. White; First Vice-President, Miss M. Arnold; Second Vice-President, Miss J. Nicholson; Third Vice-President, Mrs. W. B. Reynolds; Secretary, Miss B. Beatrice Hamilton, Brockville General Hospital; Treasurer, Mrs. H. F. Vandusen, 65 Church St.; Representative to "The Canadian Nurse", Miss V. Kendrick.

CHATHAM

A.A., St. Joseph's Hospital

Hon. President, Mother Mary; Hon. Vice-President, Sister M. Consolata; President, Miss Mary Doyle, Vice-President, Miss Marian Kearns; Secretary-Treasurer, Miss Letty Pettypiece; Executives, Misses Hazel Gray, Jessie Ross, Lena Chauvin, I. Salmon, Representative The Canadian Nurse: Miss Ruth Winter; Representative District No. 1, R.N.A.O.: Miss Jean Lumdy.

CORNWALL

A.A., Cornwall General Hospital

Hon. President, Mrs. J. Boldick; President, Miss Mary Fleming; First Vice-President, Miss Barbara Peterson; Second Vice-President, Miss H. C. Wilson; Secretary-Treasurer, Miss C. Droppo, Cornwall General Hospital; Representative to "The Canadian Nurse", Miss K. Burke.

GALT

A.A., Galt Hospital

President, Miss G. Rutherford; Vice-President, Mrs. F. L. Roelofson; Secretary, Miss L. MacNair, 91 Victoria Ave.; Treasurer, Miss A. McDonald; Flower Committee Convener, Miss E. Hyslop.

GUELPH

A.A., Guelph General Hospital

Hon. President, Miss S. A. Campbell, Supt. Guelph General Hospital; President, Miss C. S. Zeigler; First Vice-President, Miss D. Lambert; Second Vice-President, Miss M. Darby; Secretary, Miss N. Kenney; Treasurer, Miss J. Watson; Committees: Flower, Miss R. Speers, Miss I. Wilson; Social, Mrs. M. Cockwell (Convener); Programme, Miss E. M. Eby (Convener); Representative "The Canadian Nurse", Miss Marion Wood.

HAMILTON

A.A., Hamilton General Hospital

Hon. President, Miss E. C. Rayside, Hamilton General Hospital; President, Miss Helen Aitken; Vice-President, Mrs. Hess, 139 Wellington St.; Recording Secretary, Miss D. McRobbie, 9 Ontario Ave.; Corresponding Secretary, Miss E. Gayler; Treasurer, Miss Helen Buhler, 549 Main St.; Secretary-Treasurer Mutual Benefit Association, Miss D. Watson, 145 Emerald St. S.; Legal Adviser, Mr. F. F. Treleaven; Executive Committee, Miss M. Buchanan (Convener), Mrs. M. Barlow, Misses J. Souter, Hannah, Livingstone, Helin; Programme Committee, Miss Dixon (Convener), Misses Murray, MacIntosh, Galloway, Bennett, Pegg; Flower and Visiting Committee, Miss M. Sturrock (Convener), Misses Squires and Burnett; Representatives to Local Council of Women, Miss Burnett (Convener), Mrs. Hess, Miss E. Buckbee, Miss C. Harley; Representative to R.N.A.O., Miss G. Hall, Representatives to Registry Committee, Misses A. Nugent (Convener), Burnett, I. MacIntosh, Florence Leadley, E. Davidson, Margaret Clark, I. Buscombe, H. Aitken, Binkley, Pegg; Representative to Women's Auxiliary, Mrs. Stephen; Representatives to "The Canadian Nurse" Misses Scheifle, E. Bell, R. Burnett.

A.A., St. Joseph's Hospital, Hamilton

Hon.-President, Mother Martina; President, Miss Eva Moran; Vice-President, Miss F. Nicholson, Secretary; Miss Mabel MacIntosh, 48 Locomotive Street; Treasurer, Miss M. Kelly, 43 Gladstone Avenue; Representative Canadian Nurse: Miss B. Cronin, 103 Augusta Street; Representative R.N.A.O.: Miss J. Morin.

KINGSTON

A.A., Hotel Dieu, Kingston

Hon. President, Rev. Sister Donovan; President, Mrs. W. G. Elder; Vice-President, Mrs. A. Hearn; Secretary, Miss Olive McDermott; Treasurer, Miss Genevieve Pelow; Executive, Mrs. L. Cochrane, Misses K. McGarry, M. Cadden, J. O'Keefe; Visiting Committee, Misses N. Speagle, L. Sullivan, L. La Roque; Entertainment Committee, Mrs. R. W. Clarke, Misses N. Hickey, B. Watson.

A.A., Kingston General Hospital

First Hon. President; Miss E. Baker; Second Hon. President, Miss Louise D. Acton; President, Miss Oleira M. Wilson; First Vice-President, Mrs. G. H. Leggett; Second Vice-President, Mrs. S. F. Campbell; Third Vice-President Miss Ann Baillie; Treasurer, Mrs. C. W. Mallory, 203 Albert St.; Corresponding Secretary, Miss C. Milton, 404 Brock St.; Recording Secretary, Miss Ann Davis, 96 Lower William St.; Convener Flower Committee, Mrs. George Nicol, 355 Frontenac St.; Press Representative, Miss Helen Babcock, Kingston General Hospital; Private Duty Section, Miss Emma McLean, 478 Frontenac St.

KITCHENER

A.A., Kitchener and Waterloo General Hospital

Hon. President, Miss K. W. Scott; President, Miss L. McTague; First Vice-President, Mrs. V. Snider; Second Vice-President, Mrs. R. Petch; Secretary, Miss T. Sittler, 32 Troy St.; Asst. Secretary, Miss J. Sinclair; Treasurer, Miss E. Ferry; "The Canadian Nurse", Miss E. Hartlieb.

LONDON

A.A., St. Joseph's Hospital

Hon. President, Mother M. Pascal; Hon. Vice-President, Sister St. Elizabeth; President, Miss Florence Connolly; First Vice-President, Miss Olive O'Neil; Second Vice-President, Miss Gertrude Dietrick; Recording Secretary, Miss Gladys Martin; Corresponding Secretary, Miss Irene Griffen; Treasurer, Miss Orpha Miller; Press Representative, Miss Madalene Baker; Representatives to Registry Board: Misses R. Rouatt, E. Armishaw, F. Connolly.

A.A., Victoria Hospital

Hon. President, Miss Hilda Stuart; Hon. Vice-President, Mrs. A. E. Silverwood; President, Miss M. M. Jones, 257 Ridout St. S., London; First Vice-President, Miss C. Gillies; Second Vice-President, Miss M. McLaughlin; Treasurer, Miss M. Thomas, 490 Piccadilly St., London; Secretary, Miss V. Ardiel, Corresponding Secretary, Miss G. Hardy, 645 Queen's Ave., London; Board of Directors, Misses Mortimer, Walker, Yule, Malloch, McGugan, Mrs. H. Smith.

NIAGARA FALLS

A.A., Niagara Falls General Hospital

Hon. President, Miss M. S. Park; President, Mrs. J. Taylor; First Vice-President, Miss L. McConnell; Second Vice-President, Miss K. Prest; Secretary-Treasurer, Miss I. Hammond, 632 Ryerson Crescent, Niagara Falls; Corresponding Secretary, Miss J. McClure; Sick Committee, Miss Irving, Miss Counts, Mrs. Weaver.

ORANGEVILLE

A.A., Lord Dufferin Hospital

Hon. President, Mrs. O. Fleming; President, Miss L. M. Sproule; First Vice-President, Miss V. Lee; Second Vice-President, Miss I. Allen; Corresponding Secretary, Miss M. Bridgeman; Recording Secretary, Miss E. M. Hayward; Treasurer, Miss A. Burke.

ORILLIA

A.A., Orillia Soldiers' Memorial Hospital

Hon. President, Miss E. Johnston; President, Miss A. V. Reekie; First Vice-President, Miss L. Whittton; Second Vice-President, Miss M. Harvies; Secretary-Treasurer, Miss Alice M. Smith, 18 Matchedash St. S. Regular Meeting—First Thursday of each month.

OSHAWA

A.A., Oshawa General Hospital

Hon. President, Miss E. MacWilliams; President, Miss Jessie McIntosh, 39 Simcoe St. N.; Vice-President, Miss Jean Thompson; Secretary, Miss Jessie McKinnon, 134 Alice St.; Asst. Secretary, Miss Irene Goodman, 512 Simcoe St. N.; Corr-Secretary, Miss Jean Stewart, 134 Alice St.; Treasurer, Mrs. W. Luke, 8 Madison Apts., Simcoe St. S.

OTTAWA

A.A., Lady Stanley Institute (Incorporated 1918)

Hon. President, Miss M. A. Catton, 2 Regent St.; Hon. Vice-President, Miss Florence Potts; President, Mrs. W. Elmitt; Vice-President, Miss M. McNiece, Perley Home, Aylmer Ave.; Secretary, Mrs. Lou Morton, 49 Bower Ave.; Treasurer, Miss Mary C. Slinn, 204 Stanley Ave.; Board of Directors, Miss E. McColl, Vimy Apts., Charlotte St.; Miss C. Plack, 152 First Ave.; Miss L. Belford, Perley Home, Aylmer Ave.; Miss E. McGibbon, 114 Carling Ave.; Representative "The Canadian Nurse", Miss A. Ebbs, 80 Hamilton Ave.; Representative to Central Registry Miss A. Ebbs, 80 Hamilton Ave.; Miss Mary C. Slinn, 204 Stanley Ave.; Press Representative, Miss E. Allen.

A.A., Ottawa Civic Hospital

Hon.-President, Miss Gertrude Bennett; President, Miss Edna Osborne; 1st Vice-President, Miss Dorothy Moxley; 2nd Vice-President, Miss Lera Barry; Recording Secretary, Miss Martha McIntosh; Corresponding Secretary, Miss M. Downey; Treasurer, Miss Winifred Gemmell; Councillors, Miss K. Clarke, Miss Webb, Miss G. Froats, Miss B. Eddy, Miss E. Lyons; Representatives to Central Registry, Miss Inda Kemp, Miss K. Clarke, Press-Correspondent, Miss Evelyn Pepper; Convener Flower Committee, Miss M. MacCallum.

A.A. Ottawa General Hospital

Hon. President, Rev. Sr. Flavie Domitile; President, Miss K. Bayley; First Vice-President, Miss G. Clark; Second Vice-President, Miss M. Munroe; Secretary-Treasurer, Miss D. Knox; Membership Secretary, Miss M. Daley; Representatives to Local Council of Women, Mrs. J. A. Latimer, Mrs. E. Viau, Mrs. L. Denne, Miss F. Nevins; Representatives to Central Registry, Miss M. O. Hare, Miss A. Stackpole; Representative to "The Canadian Nurse", Miss Kitty Ryan.

A.A., St. Luke's Hospital

Hon. President, Miss Maxwell; President, Miss Doris Thompson; Vice-President, Miss Diana Brown; Secretary, Mrs. J. Pritchard; Treasurer, Miss May Hewitt; Nominating Committee, Misses Sadie Clark, Mina MacLaren, Hazel Lyttle.

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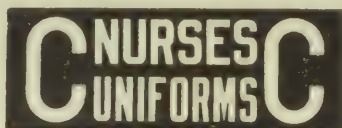
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EPILEPSY AND ITS INTERPRETATION

WILDER PENFIELD, M.D., F.R.C.S., Can., Montreal

Epilepsy has no doubt existed and has been recognized as long as the race has existed. In spite of its antiquity, it remains today, in many ways, an enigma, but an enigma which is to me an interesting and fascinating one.

The word epilepsy comes from two Greek words which may be translated as seizure. Hippocrates recognized it as a chronic functional disease characterized by fits or attacks in which there was loss of consciousness with a succession of clonic or tonic convulsions. The tendency to recurrent seizures constitutes epilepsy, but it is not really a disease. The seizures are only a *symptom* of some disease process which affects the brain. The first duty which devolves upon us is to interpret any individual case of epilepsy, or rather to interpret every epileptic seizure so far as we can. Anyone can tell the patient that he has epilepsy; it is for us to interpret his seizures anatomically and pathologically, so that we may give him some idea of its cause in his case.

The interpretation of epileptic seizures requires a certain amount

of insight into the mechanism of an epileptic seizure. It becomes peculiarly the task of a nurse who is caring for an epileptic patient to record in great detail and with complete accuracy all of the phenomena which a patient shows during an attack. This record may be made easier, perhaps, if it is pointed out to nurses in what way accurate reports may help with the individual problem and if nurses understand the physiological processes which lie back of these grotesque caricatures of movement which constitute an epileptic fit.

Hysterical fits are to be distinguished from epileptic fits first of all. In general, the hysterical fit serves some purpose. The patient does not injure himself in his fall. There is usually an appropriate cause for such an attack, and the sufferer, who is in most cases a woman, not infrequently uses the attacks as a weapon in her struggle to secure sympathy or some other compensation in life. A true epileptic seizure, on the other hand, serves no purpose and cannot be summoned at the will of the patient.

You will remember that Shakespeare makes Julius Caesar suc-

An address delivered before the School of Nursing of the Royal Victoria Hospital, February 15, 1933

cumb to an attack at a most inopportune moment, at the time when Mark Anthony was offering him the crown in the presence of all the populace, "He fell down in the market place and foamed at the mouth and was speechless", and Brutus adds, "It is very like; he has the falling sickness". Those of you who have read "The Idiot", by Dostoevsky, will remember that the hero is subject to attacks, as Dostoevsky himself was, and is seized with one as a most unfitting climax to a happy evening when his betrothal has been announced.

An epileptic seizure takes many different forms. The patient may fall and have convulsive movements of the extremities and foam at the mouth, which is a process recognized as epileptic by the man in the street. On the other hand, he may simply fall without convulsive movements. Or he may hesitate and show by means of a dazed expression that he is momentarily not master of himself. There may on certain occasions be no other outward manifestation of an attack than a sudden disorientation. All of these various manifestations constitute epileptic seizures. The French have used the term "petit mal" to describe the minor lapses, and "grand mal" to describe the true convulsive seizures.

Associated with each seizure, of whatever type, there is a sudden, ungovernable discharge of activity within the nerve cells of the brain at some point. The variation in the outward manifestation of the attack is due to the fact that this discharge may take place at many different points within the brain. The attack may start with some small outward manifestation and may progress to what we call a generalized convulsion. That we must interpret as a discharge at

one point within the brain which gradually spreads to involve both sides of the cerebral hemispheres. The discharge from the whole brain results in loss of consciousness, movements of all the extremities, grinding of the teeth, which may cause the tongue to be bitten, loss of control of urine and disturbance in respiration evidenced by cyanosis and frothing at the mouth.

Dr. Hughlings Jackson, the 100th anniversary of whose birth will be celebrated in London in 1935, pointed out that a small lesion which was situated, let us say, in the foot area of the motor cortex, might give rise to a local irritation within the brain and spread progressively from the foot area to the arm area and to the face area, resulting in an attack on the opposite side of the body characterized by convulsive movements first of the foot, then of the arm, then of the face on that side. This advancing pattern of movement Jackson called the "march", and such seizures have come to be known as Jacksonian seizures. It is therefore of first importance for us to study each attack, starting with the very first manifestation of it and then try to follow that march. Our success will depend, to a certain extent, upon our knowledge of the anatomy of the brain. With your permission, I shall point out certain features of the anatomy of the brain which are essential to an interpretation of an epileptic fit.

Anatomical Considerations.

In the consideration of epilepsy we are concerned chiefly with the cerebral cortex, the superficial nerve cell layer that covers the brain like a blanket. Seizures do not arise from the cerebellum, and rarely, if ever, are produced by irritation of the white matter or nerve fiber tracts in the cerebrum. If you consider the cerebral cortex of each hemisphere to be divided

by the central fissure (of Rolando) into an anterior and posterior portion, you may consider roughly that sensation is represented only behind this, while movement is chiefly in front. By representation in the cerebral cortex we mean something very different from representation in the spinal cord. In the spinal cord all the muscles of

closure of the hand, involve the activity of many different muscles. Thus, the movements of the right hand, the right foot and the right side of the body are represented in the left cerebral cortex. Closure of this hand is produced from one area and opening from an adjacent area. On the other hand, there are certain movements of which we are

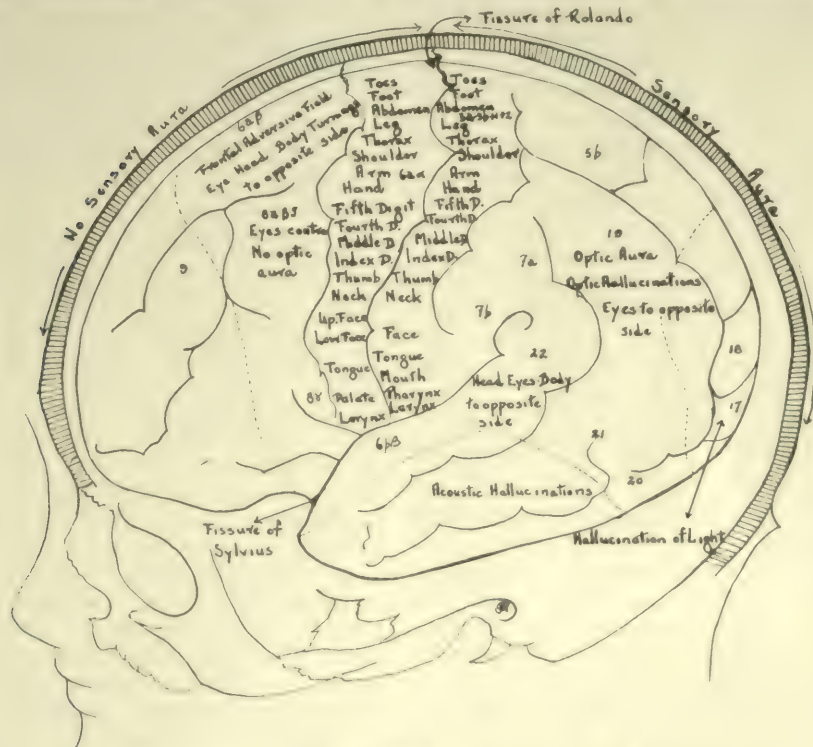


FIGURE 1.

Drawing by Florence McCormack, Head Nurse, Surgical Division, Royal Victoria Hospital, Montreal. Cortex of brain. Either electrical stimulation or epileptic discharge in these areas produces the results indicated. For example, an epileptic discharge in the occipital lobe (area 17) produces an hallucination of light or at the upper end of the postcentral gyrus a sensation in the great toe, or just in front of this in the precentral (or motor) gyrus a movement of the great toe.

the body find a representation in the anterior horn nerve cells which send nerve fibers to those particular muscles.

In passing from the lower centers to the cerebral cortex an extraordinary re-arrangement has taken place, so that instead of an individual muscle being represented at all, only movements are represented. These movements, such as

capable and which are carried out almost invariably by the activity of both sides of the body; such as movements of the mouth, the tongue and the forehead. I dare say only a select few of you are capable of raising one eyebrow at a time. Such combined movements are represented on both sides of the brain.

As you look at the cerebral cor-

tex, the gyrus which lies just in front of the central fissure may be called the motor gyrus. The movements of the body are represented on it upside down, as you will see by reference to Figure 1. That is to say, movements of the toes and feet may be produced by stimulation† of this gyrus at its upper end. Below this lie, in order, movement of abdomen, thorax, arm, hand, fingers, neck, face, palate, larynx and pharynx. As you know, these movements may be caused by normal activity of the cells in those areas, or by electrical stimulation of them in a conscious patient, or in a lightly anaesthetized animal. In front of the motor gyrus and near the midline there is a considerable area, the frontal adverse field, where stimulation produces turning of the head and eyes to the opposite side, as though the subject were looking in the opposite direction. Just below this point, stimulation causes turning of the eyes alone to the opposite side.

In the post-central gyrus, discriminative sensation of the extremities and body of the opposite side is represented with much the same arrangement as that in the motor gyrus. Thus, sensation of the toes lies in the uppermost part, and sensation of the mouth and pharynx in the lowermost. (This is sensation, but not sensation of pain, which has its end station below in the thalamus.) Stimulation of the areas which I have just described produces a sensation of tingling in the parts referred to. In the temporal lobe is represented hearing and also, in my opinion, the sense of balance. Stimulation here may cause the patient to hear

a sound or to feel dizzy and further causes the head and eyes to turn to the opposite side as though looking toward the source of the sound.

In the occipital lobe is represented vision. Stimulation here causes a sensation of light to appear on his opposite side, for, as you know, only the vision of things which lie to the right are appreciated by the left occipital lobe, and vice versa.

Certain areas of the brain we must still call silent because of our ignorance of the functions which take place there. These areas of the brain do not react to electrical stimulation.

Epileptic Seizures.

Without further anatomical discussion, I will describe to you a few types of epileptic seizures arising from different areas of the brain. Let us consider a lesion which is present in the hand area of the *motor gyrus*. The first evidence of an attack will probably be movement of the thumb and forefinger. This may gradually spread, causing movement of the arm, and then, thanks to involvement of the frontal adverse field, turning of the head and eyes to the right, that is, toward the convulsing side. This may then spread to the right face and to the right leg. In general, it should be remembered that lesions of many different areas of the brain cause the head and eyes to turn. When they do so, this movement is toward the opposite side, as though the irritation were driving the head away. The movement is one of looking and may be mistaken for a voluntary effort on the part of the patient to see something on the opposite side of the body.

Suppose a lesion lies in the *post-central gyrus* in the face area, the patient will have an aura or warning sensation. He will feel tingling in the opposite side of the face.

† By stimulation is meant electrical stimulation. Two electrodes of bare wires are touched to the surface of the brain. This causes a galvanic current to pass from one wire to the other through the brain and "stimulates" the nerve cells lying between to normal activity. If a strong faradic current be thus passed there may result abnormal or epileptic discharge in those cells.

This may be followed by tingling in the arm and hand, and even in the leg and foot, or also it may be followed by convulsive movements of the face and then the arm. Turning of the head and eyes, if it appears, comes only after a considerable spread.

Suppose a lesion lies in the *frontal adverse field* of the left side. The head and eyes will turn to the opposite side first. This will be followed in time by convulsive movements, usually in the arm, but often beginning in both arm and leg of the opposite side almost simultaneously.

Suppose now a lesion lies far forward in the silent portion of the *frontal lobe*. The patient may seem dazed for a moment, and this may be followed by turning of the head and eyes to the opposite side; in some cases I have seen the turning last so long that the patient turns about in his tracks two or three times before falling. This may be followed then by convulsive movements.

Suppose the lesion lies in the left *occipital lobe*. The patient may see lights which he interprets as being in his right eye or lying to the right side; such lights are usually red or green or without colour. This will probably be followed by turning of the head and eyes to the right. The progress of the attack then will depend a good deal upon whether the irritation spreads downward into the temporal lobe or straight across into the motor area. Or the transition may be so rapid that only the eventual generalized seizure may be recognized.

Attacks which arise in the *temporal lobe* are of the greatest interest. The patient often feels an "aura" or warning of a curious sensation in the epigastrium. This may in turn be followed by a curious dream state characterized by a feeling of strangeness or of hav-

ing seen it all before. Such attacks are also associated with disagreeable smells or tastes. If they advance to the convulsive stage there is usually movement of the lips, as in mastication, and this may be followed by a generalized seizure and by turning of the head to the opposite side.

It is impossible to go into all of the patterns which may be found in epileptic seizures, but you will see at once how important an accurate and careful description of an attack seen by an intelligent nurse is. The relatives and friends of the patients are usually so upset emotionally by an attack that they cannot remember which side the head turns to, which hand moves first, what the patient did first, and if they do tell you their report is often wrong. Therefore, the description of the attack should be written down at once in full detail without any attempt at interpretation.

If you see an attack, watch it, and after it is all over write down a detailed description and answer the following questions:

What was the patient doing before the attack began?

What was the expression on the patient's face?

What were the first convulsive movements of the hands, feet or eyes, etc.?

Did the mouth pull to one side—which side?

Did the head and eyes turn?

Was the patient still able to make any voluntary movements during the seizure, and with which hand did he seem to make voluntary movements?

Did the patient grow pale, flushed or cyanosed?

If the patient calls out before an attack or indicates that something is wrong, ask him quickly what he feels. You may thus learn what his aura is before the convulsion appears. He may forget the aura afterwards.

In a generalized convulsion, place

something between the patient's teeth to prevent his biting his tongue (throat stick, spoon or towel). Note what happens to the pulse, if possible, during the seizure; sometimes it may disappear altogether. If so, does it return before convulsive movements stop?

But whatever you do, observe and record the beginning of the attack. Most patients sleep after an attack. Very occasionally they may get up and wander about in a disoriented, automatic fash-

ion. If this continues, send for help, and oppose them only if they are likely to do themselves harm.

Finally, the capacity for accurate, intelligent observation of a patient, an understanding of what is important to observe and the ability to describe observations in concise English—these are the qualities upon which we depend in nurses and without which it is impossible for us to carry out an effective study of a patient suffering from the curse of epilepsy.

A NURSE AS HEALTH CONSULTANT

Canadian nurses in general, and the members of the Victorian Order of Nurses in particular, will be pleased and proud to hear of the appointment of Miss Elizabeth Smellie, R.R.C., Chief Superintendent of the Victorian Order of Nurses for Canada, as Honorary Consultant in Public Health Nursing to the Ontario Department of Health.

This appointment, the first of its kind in Canada, is in itself an official governmental recognition of the value of nurses as health counsellors. The choice made by the

Minister of Health, the Hon. Dr. John M. Robb, could not have been more fitting. In the current *News Notes* repeated reference is made to the pleasure and profit derived by nursing groups, all over the country, from the periodical visits made by Miss Smellie. She brings to her new task, not only a fund of knowledge and a rich and diversified experience, but also a personal dignity and charm which will ensure a sympathetic hearing of her views on health matters. The *Journal* joins with the nurses of Canada in felicitating her on this new honour.

MISS WEBSTER OF THE M.G.H.

J. KEITH GORDON, B.A., M.D., F.R.C.P.(C.), Montreal

In the year 1822, Thomas Webster, with his wife, Barbara Helm, and two children, set out from Cold Kirby, Yorkshire, England, to make their home in Canada. Our knowledge of the subsequent events in the lives of these pioneers is limited to the scant record of their choice of Cobourg, on the shores of Lake Ontario, as a place of settlement, that they were blessed with

eight children, and that Thomas Webster died at Grafton, not far distant from the town of Cobourg, in 1879, his wife having predeceased him in 1873. John Thomas Webster, the youngest of this brood, became a merchant in the village of Grafton, where he met Electa Smith, whose spirit of adventure had prompted her to forsake a life of comparative luxury in New York State for the teaching of school children in what was then the Canadian backwoods. They were married on February 3, 1863, and on December 10 of the same year a daughter was born to them. She was christened Jennie. In fairly rapid succession there followed six children, equally divided as to sex, so that it is probably safe to assume that there circulated at a relatively tender age an abundance

of the hormone of maternal instinct in the eldest offspring's blood stream.

Her perfect attendance at the village school was a result of her parents' persistence rather than any pleasure that she herself derived from it, for she was not a natural student, and found "book learning" difficult. She preferred the role of first assistant to her

mother; and when there was illness in the family she invariably took complete charge of the nursing duties — a function she performed naturally, rather than through any feeling of heroine-worship for Miss Nightingale or her pupils, who at this time were attracting world-wide attention. Possessed of capable hands, strong wrists, and an almost inexhaustible supply of energy, the seed

that in due course was to blossom into a great nurse found rich soil for its nourishment in the family life of a small Ontario settlement in the early '70's.

When Jennie was twelve years of age, the Websters migrated to the town of Cobourg, where she continued to attend the public schools, and, at the age of fourteen, passed her entrance examination to the



Courtesy, Alumnae Association
The Montreal General Hospital

Model School. The principal, Dr. Sprague, marked Jennie as a promising disciple, but even at this immature age she had formed very definite ideas in regard to a career, nor were the embers of this ambition dampened by the return to Cobourg at about this time of a graduate of the Training School for Nurses of the Toronto General Hospital and who chanced to be an intimate friend of the Webster family. There was, however, one obstacle to cross before her dream of becoming a graduate nurse could be realized, and that was the very firm and unrelenting opposition of her father. He was not adverse to her becoming engaged in a gainful occupation, but since she was closer to the centre of his affections than any of her brothers or sisters, he could not be reconciled to the prospect of her departure from home. One may definitely state that it was not any lack of domestic happiness nor want of parental affection that brought about Jennie's decision to take up nursing as a vocation.

It would almost have appeared that Providence was to deprive her of her great wish when, in her seventeenth year, she was stricken with that dread disease which "cripples the arm of the workman at his bench and makes a perpetual invalid of the child at play"—rheumatic fever; but she was attended in her illness by a practitioner of medicine who insisted on a prolonged rest in bed, and so through the combination of good medical treatment and a resistant cardiovascular apparatus none of the dread sequellae of this disease made themselves apparent, and before very long she was "as good as new".

In the autumn of 1892 the long-awaited opportunity presented itself. It was arranged that she should pay a visit to Montreal. Although at this time the Train-

ing School for Nurses conducted by Miss Norah Livingston in the Montreal General Hospital had been in existence for but two years, its fame had spread abroad, and on her arrival in Montreal, Jennie lost no time in seeking an interview with this remarkable woman. Of Miss Livingston it has been written, "She was a woman of infinite tact, had a strong sense of humour, was a good judge of character, and a strict disciplinarian. Although she was feared by her nurses, she was also respected and loved by many, for she was a just woman. She could not put up with any gross breach of discipline and 'did not suffer fools gladly'."* Those who knew Miss Livingston can imagine the apprehension with which the young applicant from Cobourg approached this austere personage, whose stern countenance and manner of speech, combined with short stature and a head of snow-white hair, made those who came into her presence feel that the counterpart of Victoria ruled with a hand of iron in the Montreal General; but the interview was successful; Jennie was accepted at once; and on December 1, 1892, she entered the hospital as a probationer.

At this time the institution had been in existence for seventy-five years. Born of the little House of Recovery, founded by the Female Benevolent Society in 1818, it occupied the present site of the hospital on Dorchester Street East, and consisted of the original building with the addition of what are now known as the surgical wings; and, though in the light of modern hospital architecture these structures are relatively obsolete, they serve to impart an air of dignity to a group of buildings that would be otherwise unadorned.

That part which was erected in 1822 and which forms the entrance to the administrative portion of the present hospital is what was re-

ferred to by Sir William Osler, in a reminiscent vein, as "an old coccus-and-rat-ridden building",† but at the time when Miss Webster entered the Training School, Miss Livingston had, among other things, succeeded in ridding the hospital of the coccus and all its fellow-countrymen, so that there existed clean wards and what, for those days, was a good nursing technique. To maintain this, in the absence of modern plumbing and sterilizing equipment, meant an almost incredible amount of work on the part of the nursing staff, and when one surveys the photographs of the nursing classes of those days, consisting of ten or twelve immaculate and tightly-bodied ladies, the marvel is that they were able to accomplish what they did.

It is not surprising that their daily routine was punctuated by but short visits to the dining-room and that, when night came, sleep was the most welcome recreation. In this stern workshop, conducted with all the discipline of an armed camp, Miss Webster took up her apprenticeship in the art of nursing. She not only took it up, but she seized upon it. Heavy loads to be carried up long flights of stairs, large blocks of ice to be hewn asunder, and the never-ending scrubbing, polishing and cooking—not to mention the nursing care of the patients—were but child's play to her. To this arduous routine, however, she succumbed after but three months' trial. Rheumatic fever again. Fortunately a mild attack, but severe enough to warrant a five-weeks' furlough. On April 4, 1893, she returned to her duties.

From the date of her second rheumatic attack, Miss Webster lost no further time from work during her undergraduate course. She had gained the reputation of

being fearless, resourceful, and dependable, so that upon her graduation in March, 1895, Miss Livingston sent for her and asked her to take the position of Lady Superintendent of the Civic Hospital for infectious diseases, and for which post she had the privilege of making a nomination. There were few institutional positions available in those days, and it is significant that the post was offered simultaneously with Miss Webster's graduation. No sooner had she agreed to accept it than Miss Livingston, with customary abruptness, presented her with one dozen hand towels—scenting perhaps the advent of the pernicious paper towel which has since become the particular delight of the hospital administrator and the abomination of the medical profession—summoned a cab, and wished her success in her new surroundings.

The Civic Hospital was situated on Moreau Street, and its maintenance was provided for by the city of Montreal. It was divided into two separate and complete establishments; one for French-speaking patients under the care of a Catholic sisterhood, the other for the English-speaking, with Dr. A. T. Bazin as Medical Superintendent, Miss Webster as Lady Superintendent, Miss Lynch (of Victorian Order fame) and Miss de Taube, who later became the wife of Dr. David Patrick, as assistant nurses. The two years spent in this hospital were tolerably happy ones for Miss Webster. Youthful patients, the perils of cross-infection, and the miraculous results obtained in the first controlled series of antitoxin-treated cases of diphtheria in the city of Montreal, combined to thwart any attack of home-sickness for the "old General". Then came the small-pox epidemic of 1897, and the city, hard-pressed for hospital accommodation, converted the Civic into

an emergency quarantine station. An entirely new staff suddenly assumed command, and before Miss Webster could assemble her personal belongings, the ground adjacent to the hospital was littered with patients waiting for admission. The natural sequence of this development was that she should take up private nursing duty, and since she was already well and favourably known among the English-speaking doctors of the city she found ready and constant employment. The comparative independence that this occupation allowed was welcome to her, and she learned how to cope with problems that had not presented themselves to her as a veritably cloistered nurse.

She had just completed two years of active service as a "special" when there came a call that was to prove the beginning of a career that is probably unique, so far as Canadian nursing is concerned. Miss Baikie, who for twelve years had acted as Night Superintendent in the Montreal General, had resigned, and Miss Livingston, without hesitation, sent for "Webster". The interview was as brief and satisfactory as had been the previous ones between these two women, and on May 14, 1900, Miss Webster succeeded to the post which she was to occupy for thirty-two years of unbroken and devoted service.

The duties of Night Superintendent of the Montreal General have never been clearly defined, the reason being that their multiplicity would make enumeration difficult, if not impossible. It is obvious that, in order to perform these duties in a capable manner, she must possess infinite tact, a complete knowledge of the fundamentals of nursing, and great physical strength. With all these, Miss Webster was well equipped and, in addition, she had other highly-de-

veloped qualities that were almost equally valuable to her in her work—great kindness of heart, a keen sense of humour, and an amazing capacity for dealing with unruly patients.

It is worth noting that she has always shown a marked predilection for the male of the species, almost to the point of being a woman-hater. Although not unfair in her treatment of nurses under her jurisdiction, it is a well-known fact that she was always free with her criticism of them and sparing in her sympathy. On the other hand, she was the self-appointed mother of the resident medical staff, on whom she showered her affection, and her kindly and valuable advice, her unceasing attendance upon them in sickness, her ready wit, and her great example of service will never be forgotten by those who have had the privilege of being one of "her boys", as she called them.

The high pinnacle upon which she placed man showed itself in all her work. She referred constantly to "my doctors", and it is well-known that when a group of injured firemen were admitted to the wards, as was frequently the case, her attendance on all other matters was of secondary consideration. She knew a great many of the city police by name, and was on particularly intimate terms with the members of the detective force, to whom her knowledge was at times extremely valuable.

Although not outwardly a pious woman, she was at heart deeply religious, and seldom missed evening service at the Emmanuel Congregational Church. She was not a reader, and thus with virtually this one form of recreation she turned night into day for a period of thirty-two years during which time she lived and laboured within the same four walls. All this suggests

an extremely dull and monotonous existence, and so it might have been had she not loved her work—not the academic or theoretical side of it, which she was inclined to belittle, but the practical nursing of the sick-room, wherein she found outlet for an overwhelming mother instinct that might have been smothered by celibacy.

When the walking sick that crowd the out-patient clinics during the hours of daylight have departed, and only a dim light burns here and there throughout the wards, it might appear to the casual observer that the hospital has gone to sleep, but this impression is soon dispelled if a visit is paid to that region where Miss Webster has commenced to receive her blood-soaked and belligerent guests; for at this hour the brothels and dark streets of an unsavory neighbourhood have begun to cast up their wreckage.

The arrival at the hospital of this type of patient is invariably attended by a morbidly inquisitive mob and a great deal of shouting on the part of the injured warriors and their seconds. Efforts on the part of a group of hospital orderlies to quell the riot are unsuccessful and only on the appearance of a very efficient-looking woman does order reign. The crowd disappears as if by magic and the patient becomes at once docile and even amicable. An accurate description of her prowess under these conditions is found in Treves' "The Old Receiving Room".‡ In describing the nurse in charge, he writes: "She was possessed of much humour—abrupt yet not unkindly in her manner, very indulgent towards the drunkard and very skilled in handling him. She was apt to boast that there was no man living she would not stand up to. In the personnel of the hospital staff of half a century ago

she was an outstanding figure, yet now she is as extinct as the dodo."

There are again those who came to call upon her under pretext of some physical infirmity and with a faint hope in their hearts that she may be persuaded to offer them a comfortable bed for the night, but her diagnosis of the true condition is seldom wrong. Conspicuous among this type of visitor is a gentleman by the name of Jimmie Cochrane, who at regular intervals makes his presence known by throwing his cap upon the floor and proceeding to utter a series of shrill cries until Miss Webster arrives and solemnly inspects an imaginary disease of the foot, feeling perhaps that she can never compensate him for the loss of an artificial eye which she destroyed while attending once to his needs in the "Out-door". Or perhaps "Jumping Charlie", who welcomes the scientific curiosity evinced in his hyper-responsive state because it means to him free board and lodging, has asked to see her in order to return some valuable piece of scientific apparatus that he has pilfered from the hospital and has been unable to convert into cash. He expects her admonishment, but he knows that she will not turn him over to the police. If on any particular night she may have more than the ordinary number of cases of this type to deal with, she will only appear a little more brusque of manner or perhaps remark to a passing interne, "Doctor, Cadieux Street's awful tonight". And on nights when Cadieux Street, which forms the eastern boundary to the hospital, has been exceptionally "awful", she has been known to leave the hospital unescorted and to deliver a lecture to the offenders on the sinfulness of disturbing sick patients.

In spite of these diversions, she is aware of the condition of each inmate and attends personally to

the special nursing care of many. Her nightly visit is eagerly awaited by every patient, from the child who asks, "When is Mrs. Webster coming around?" to the senile derelict who looks forward to the words of encouragement which have given to so many sufferers the will to recover.

The following episode, which takes place in one of the surgical wards, is an example of the confidence her presence inspires. She has been called by the undergraduate nurse in charge to see a patient who has been shot through the lung and who is demanding a sedative; she has reached the bedside and has shone her flashlight upon the bandit's victim, whereupon the following dialogue ensues: "What's the trouble?" she asks. "I am so nervous," answers the recipient of the bullet. "What are you nervous about? Aren't you as safe as you can be in this hospital and aren't you warm and comfortable in that nice clean bed?" "Are you going to be here all night?" he asks. "Of course I am going to be here. Where did you think I was going to be—in New York?" On this assurance, the patient soon falls into a restful sleep, while her uncanny clinical sense has saved her a long walk to the internes' quarters to rouse some "house man" from his well-earned rest.

Crossing the threshold of the sleeping interne, however, is a pre-rogative which she exercises without mercy, for so true is she to the ethics of her cult that she will not administer the most harmless drug without a doctor's order; and if she shall decide to summon aid there is usually good reason for it, for many years of close contact with a variety of sick patients has imparted powers of diagnosis and prognosis that rarely fail, though she may employ clinical methods which are not described in the

standard works of reference. Then there is a typhoid bath to be given—she has administered as many as thirty-two in one night—for which her only reward for so laborious a procedure is to see a fall in temperature and muddy-coloured flesh become pink. And so on throughout the night, at the end of which she sits down to compose her meticulous "Night report", which includes everything from the threatened self-destruction of an irrational patient to the description of a cheap ring removed for safe-keeping from the finger of a dead sailor.

On the few occasions when she indulged in the dissipation of going out during the day, she was greeted on all sides by past patients of the hospital, many of whom, as was to be expected, she could not recall by name. She was very tactful under these conditions, however, with the exception of the occasion when a gentleman in a street car appeared to be so extremely disappointed at her failure to recognise him that she endeavoured to placate him with the remark, "I didn't know you with your clothes on", which caused such great mirth among the occupants of the street car and so much embarrassment to Miss Webster that she was forced to descend at the next stop.

On May 14, 1925, Miss Webster celebrated her twenty-fifth anniversary as Night Superintendent to the General Hospital. On this day she received letters of congratulation from all parts of the Dominion, one of which, in almost illegible hand-writing, was the last that "a little grey lady" ever penned. It read as follows:

"Windy",
May 13, 1925.

My dear Miss Webster,—

Many happy returns of the day. It seems but yesterday that we

made the final arrangements for your entering on your duties as Night Superintendent — a trust which you have never betrayed. What a record!

Goodbye. God bless you.

G. E. N. Livingston.

In the early part of January, 1933, Miss Webster shocked everyone with the announcement that she was resigning her position forthwith in order to take charge of her two nephews, suddenly bereft of parents. The first feelings of grief at her departure were tempered by reflection on the fact that she was leaving the hospital with her colours flying and that the call to another field of action was one which her sense of duty and kind heart could not refuse. She was asked by the attending medical staff to sit for a portrait by the celebrated artist Alphonse Jongs, which, on its completion, will be hung in the Nurses' Home. A leather-bound book is to be presented to her also, containing a facsimile of the portrait and the signatures of the attending staff and past internes of the hospital. The Alumnae Association presented her with an appropriate gift at a special meeting called for that purpose. The local press published glowing tributes to her career and expressions of regret at her departure, but perhaps the greatest tribute to the high esteem in which she was held was a reception given by the members of the training school, and which throngs of citi-

zens in all walks of life attended, even to a representative from the Montreal Police Force.

Now she has left to continue her vocation in but a more restricted field, the leisure of which will permit of activities that for many years have been precluded, and which will in a measure compensate for the yearning for her old hospital, which she will be certain to experience at times. And when the inevitable day shall arrive, there will be no more appropriate valediction than the words of a great physician who was also a product of the hospital to which she gave the better part of her life: "You have been much by the dark river—so near to us all—and have seen so many embark, that the dread of the old boatman has almost disappeared, and

*When the Angel of the darker Drink
At last shall find you by the river brink,
And offering his cup, invite your soul
Forth to your lips to quaff—you shall
not shrink:*

your passport shall be the blessing of Him in whose footsteps you have trodden, unto whose sick you have ministered, and for whose children you have cared."§

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† Osler, *The Medical Clinic*, B.M.J., January 3, 1914.

‡ Treves, *The Elephant Man and Other Reminiscences*, Cassell, pocket ed., 1928, p. 66.

§ Osler, *Aequanimitas with Other Addresses*, Blakiston, 2nd ed., 1920, p. 20.



THE SURVEY IN TERMS OF RESULTS

In the April issue of *The Canadian Nurse** a brief progress report was given concerning the activities of the Provincial Joint Study Committees. This month it is already possible to speak in terms of results. In the official *Gazette* of the Province of Saskatchewan, which appeared on February 15, some revised regulations affecting nursing practice and education are promulgated. These regulations are of such importance that they are here given in full.

All graduate nurses employed on a hospital staff shall be registered in the Province of Saskatchewan. All hospitals shall employ at least two fully qualified graduate nurses registered in the Province of Saskatchewan, one of whom shall be the matron. There shall at all times be at least one such duly qualified graduate nurse on duty. Saskatchewan registration will be required after January 1, 1934.

No training school for nurses shall be established or conducted in connection with any hospital unless:

- (a) There are at least four registered medical practitioners resident within an area of two miles of the hospital, all of whom practice in the hospital;
- (b) The hospital has an authorized adult bed capacity for at least seventy patients; and
- (c) The hospital has a daily average of forty-five patients;
- (d) There are at least three graduate nurses on the staff.

Academic qualifications for admission of student nurses shall be Grade XI or its equivalent as recognized by the Department of Education of Saskatchewan.

The provisions of this section shall come into force January 1, 1936.

This advance on previous standards is so remarkable that the means by which it was made possible are of equal interest. Four questions were submitted to Miss Elizabeth Smith, President of the Saskatchewan Registered Nurses Association, and her replies give such a striking picture of how the changes were brought about that

both questions and answers are here quoted in full.

Was the Survey Report a factor in the situation? If so, how and to what extent?

Everyone concerned feels that the Survey Report most definitely was a factor in the situation, in that it pointed the way.

Did the changes come about as a result of the activities of the Provincial Nurses Association?

The Provincial Nurses Association was instrumental in having these changes brought about. The following resolutions were passed at our last Annual Meeting, held in Saskatoon in March, 1932, and were forwarded to Dr. Middleton, Deputy Minister of Public Health:

- (a) That the minimum academic requirement for admission of student nurse be Grade XI or its equivalent as determined by the Provincial Department of Education.
- (b) That a hospital, before being permitted to conduct a School for Nurses, should have a minimum adult bed capacity of seventy beds and a daily average of forty-five patients, exclusive of cots.

What nurses took a leading part?

I do not feel that it would be fair to say that any one nurse or group of nurses was particularly responsible. These matters were fully discussed in Council meetings, and the General Meeting quite evidently felt that such changes would be in the best interests of the profession. These resolutions, when presented to Dr. Middleton, were fully discussed with him and our reasons given supporting the need for such changes. While the Provincial Nurses Association was instrumental in effecting these changes, we are aware that such changes in the hospital regulations could not have been accomplished without the co-operation of Dr. Middleton.

The courage and energy of the Provincial Nurses Association and the unwavering support of the Deputy Minister of Public Health have brought about reforms which are a credit to Saskatchewan and an incentive to increased effort in other parts of the country. The indomitable pioneers of the West have broken new and fertile ground. May the harvest be worthy of their sowing.

* See the Survey in Terms of Action, "The Canadian Nurse," April, 1933, p. 187.

A GENERAL HISTORY OF NURSING

LUCY RIDGELY SEYMER:

An appreciation of Mrs. Seymer's outstanding work

By MAUDE E. ABBOTT, B.A., M.D., Montreal

The appearance of this book is a distinct event in the field of Nursing Education. As its title implies, it presents a general survey of the development of nursing in all parts of the civilized world, from its relatively simple origins in the altruism or religious devotion of scattered individuals or units, to the vast humanitarian organisation that constitutes the sphere of activity of this profession as we know it today. Seen as it is here in actual historical perspective, one cannot but be profoundly impressed by the extraordinarily rapid growth and expansion of this progressive movement, that received its first great impetus from the work of Florence Nightingale and her immediate predecessors and that is still advancing, with increasing momentum and in an ever-widening radius, for the welfare and physical betterment of the race.

The pioneer in this subject has been, of course, Nutting and Dock's great *History of Nursing*, first published in 1907 (synopsized and brought up to date in successive editions of Dock and Stewart's excellent *Short History of Nursing*), which remains a classic, the value of which can never be superseded by any later publication. Mrs. Seymer's book, however, follows along the same lines and is likewise written from a broad cultural background and its pages are touched with the same fire of enthusiasm for a great cause that has

given the earlier work an acknowledged place in so-called "inspirational" literature. Based upon an intensive personal research and brought up to date by a review of recent developments since the Great War, it reveals also a depth of erudition that manifests itself in the elimination of non-essentials and the clear evaluation of the forces making for progress. The result has been a concise and authoritative record of the march of events of fundamental importance, while the bibliographic footnotes with which nearly every page is enriched make this a veritable source-book. One arises indeed from its perusal with the consciousness that here at least we have seen history in the making and have felt the "mighty rushing wind" of progress in concerted action sweeping on from those first small beginnings that shine on the dim horizon of the past to a yet vaster consummation. For the end is not yet, nor is the peak attained.

Finally, not the least important feature of this book is the fact that its author is an Englishwoman and a graduate of the Nightingale School of St. Thomas' Hospital, whose life has been passed and training obtained in familiar contact with the great sources of British Nursing; and that these have been brought at first hand into correlation with the splendid contribution of the modern American School, through the revision of this part of the book by so able an authority as Miss Nina L. Gage, is in itself an achievement, constituting a combination that is in a sense

"A General History of Nursing," by Lucy Ridgely Seymer, M.A. (Oxon), S.R.N. Revised for American publication by Nina L. Gage, M.A., R.N. (MacMillan Company, New York, 1933. 317 pages, 37 illustrations. Price, \$3.30.)

epoch-making and that will make this book a necessary part of every Nurses' Library.

Comparison of the text of the American edition which we have the privilege of reviewing here, with that of the English one, shows that the printed matter in both is identical and they have appeared simultaneously, so that Miss Gage's "revision" has evidently been that of collaboration upon Mrs. Seymer's unpublished manuscript in so far as this applied to American nursing and Nursing Education movements. The only point of difference in the two editions which we could notice is the treatment by the publisher of the very excellent illustrations, which are placed together at the back of the volume in the English book, and in this American volume are distributed through the text. This latter arrangement would, of course, have been an advantage if more care had been taken to place these in apposition to the printed matter to which they refer, but this has not always been done. Most of the pictures are from photographs of recent developments in different parts of the world, but there are also a number of quaint and interesting reproductions from old sources that have not previously appeared in any other History of Nursing.

The following brief outline of the contents of Mrs. Seymer's book will be of interest to readers of *The Canadian Nurse*:

Under the first chapter, entitled "Origins", the subjects of medicine and hygiene and of nursing, in so far as anything of the latter is known, under the older civilizations of the world are briefly considered. The confusion of medicine with magic, so dominant in the mind of the primitive savage, is shown to have persisted in the ancient systems of Egypt, Babylonia and

Assyria, and Greece, as well as to a certain extent in classic Greece and Rome. Among the Jews, on the other hand, ideas of medicine were confined, as far as can be gathered from the Old Testament and Talmud, almost entirely to the enforcement, by strict regulations, of personal and social hygiene and to such visiting of the sick as took place in the practice of the systematic charity which their religion enjoined. Of all these it is said, "A most remarkable feature of ancient medical writings is the scant attention paid to that very important factor in modern treatment—the nurse." Hindu medicine alone of the ancient systems appears to have clearly recognized the function and duties of the nurse, and many interesting quotations are given here describing what her qualifications and code of ethics must be, the qualities of the "Ideal Doctor", the religious observance of all that related to personal hygiene and even the establishment of village hospitals for the safeguarding of national health.

With the great figure of Hippocrates in Greece (5th century B.C.) the era of scientific medicine and also perhaps of nursing may be said to have dawned, but we know nothing of the latter until the birth of Christianity, "when the history of nursing first becomes continuous and our records, hitherto fragmentary, now follow uninterruptedly down to the present time". In the second chapter, which is devoted to the development of nursing within the early Church, there is a careful study of the records available upon the status of the Deaconess, both in her clerical connection and in relation to the sick and needy, but relatively little exact information as to the latter point, which chiefly interests us, seems to have been available, "though there is evidence enough to show that nursing was exclusively confined to this

order and that of widows". The balance of this chapter is devoted to "Early Christian" and "Monastic Hospitals". Of much interest in the latter connection is the account of the *xenodochium* at Constantinople in the beginning of the twelfth century. This held only fifty beds, but was surprisingly well equipped and was highly staffed by head physicians and their assistants, "female assistants and supernumeraries", "one female doctor" and two "night watchers". No word is mentioned of any training being given to the male or female attendants, but the care of the sick was certainly above the average.

Chapter III is concerned with Hospitals and Nursing in the Middle Ages. In the twelfth century, a definite separation took place between establishments intended for sick persons only and those destined for the care of the aged and indigent. Nursing was still, however, considered a religious duty rather than a civilian responsibility and an intimate connection with the Church and its institutions coloured the whole organization and work of these mediaeval hospitals. The various religious orders that developed at this time out of the earlier monastic system are described as falling briefly into three groups: The Military Nursing Orders, which included the Knights Hospitallers of St. John of Jerusalem, under which the flower of European chivalry enrolled, and the prestige of which was so great that it is said to have influenced all future hospital organization; the Teutonic Knights, powerful chiefly in Germany; and the Knights of St. Lazarus, devoted to the care of the lepers, whose painful plight in mediaeval Europe is here briefly discussed. The Secular Nursing Orders, so-called to distinguish them from the Orders with perpetual vows, and among which are enumerated, in addition to the

Tertiaries of St. Francis and the Beguines, the Santa Spirito and the Oblates of Florence, the Cellites for the care of the plague-stricken, the Antonines for "erysipelas", the Humiliati for lepers, etc. As representative of the Regular Orders, the rule of the Augustinian nuns, the first purely nursing order in existence and which had charge of the Hôtel Dieu of Paris since its foundation, is here described in some detail.

In the 16th century (Chapter IV), the effect of the Reformation made itself felt, especially in England, where the collapse of the monastic system following upon the Dissolution by Henry VIII, put an end to the ecclesiastical care of the sick and led directly to the beginning there of civilian control of the larger London hospitals and to lay nursing, a system which is said to have become more and more defective in the three succeeding centuries. On the continent, the great Hôtel Dieu de Lyon likewise passed under the control of a band of lay rectors. Here, however, religious activity continued within the Church and various new nursing orders arose, such as the Brothers of St. John of God in Spain for the care of the insane, the Sisters of Mercy of St. Charles Borromeo, the Brignoline of Virginia Bracelli, who nursed plague-stricken Genoa, and, most famous of all, the Sisters of Charity of St. Vincent de Paul, who developed under the devoted administration of Mlle. le Gras. Nursing in French Canada took origin in the same wave of religious fervour. These noble influences, however, gradually waned and the 18th century passed into that time of social stagnation and distress described by Nutting and Dock as the "Dark Period of Nursing". This, however, led directly to the splendid attempts at reform of Pinel and John

Howard and other philanthropists, who left a lasting impress.

The advent of the 19th century (Chapter V) brings us to the threshold of modern times, and to those early movements for nursing reform that presaged and in a sense culminated in the great achievement of Florence Nightingale. In addition to the work of Pastor Fliedner and his two devoted wives, of Elizabeth Fry and Amalie Sieveking, a valuable account is given here of the two Roman Catholic orders in Ireland, the Sisters of Mercy, who founded the Mater Misericordia Hospital in Dublin and an English branch at Bermondsey and the Mercy Hospitals at Chicago and Pittsburgh, and the Irish Sisters of Charity. Also of the various Anglican sisterhoods organized at this time for the purpose of visiting the sick, notably the Park Village Community, the Sisters of Mercy of Miss Sellon at Devenport, the Order of Saint Margaret founded by Dr. Neale, etc. More important than any of these and an outstanding landmark in the nursing history was the founding in 1848 of St. John's House. This was the first purely nursing order in the Church of England and it had a definite plan of training which included two years at Middlesex or Westminster and later at King's College Hospital. The All Saints Sisterhood had also a highly creditable record; it carried on the nursing at University College Hospital from 1862 to 1899 and gave the first Superintendent to Bellevue Hospital, New York. Several American sisterhoods are also mentioned, as also La Source at Lausanne, described here as the most interesting and original of all these attempts. It was founded in 1859 by the Comtesse de Gasparin and was the first endowed Training School.

The life and work of Florence

Nightingale, with its early dramatic climax in the "Crimean episode" and her later herculean labours for parliamentary reform of army medical and sanitary abuses and the final outcome of all in the establishment and subsequent development of the Nightingale School at St. Thomas' Hospital, is familiar ground (Chapters VI and VII). The regeneration of nursing and its final establishment as an art and a trained profession took form as a direct result of her organizing genius and perceptive insight, in the middle nineteenth century, contemporaneously with the great revolution in surgery and the evolution of social science in England following upon the Industrial Revolution. Modern hygiene and sanitation were likewise developing and the Red Cross itself took form only three years after her return from the Crimean battlefield (Chapter VIII), which is called here the cradle of modern nursing. The World War left almost as great an impression, for, following upon the Cannes Conference and the establishment in 1919 of the Nursing Division of the League of Nations with the avowed object of establishing Training Schools in countries where none existed and of bringing these to the highest professional standard, national and international organization has proceeded far and wide over the globe with astonishingly brilliant results.

The further expansion of the field of nursing education and activities and its advancing recognition as an essential factor in all modern social science and public health movements occupy the last half of the book and constitute the strongest part of its content, which is pregnant of great events, present and to come. Space does not permit of any detailed description of these, nor would this be desirable

here, for these are matters that should be studied at first hand. A few words outlining the general treatment of the material will, however, be in place, for this is both lucid and informing. Under the Development of Training Schools (Chapters IX and X), five systems are differentiated, all dominated by the same high standard of professional education; these are, briefly: The Nightingale Plan, followed in the Training Schools of Great Britain and the Dominions with the exception of Canada, in the Scandinavian countries and in Palestine under the British mandate; the American System, in use in the United States and Canada; the Mother-House and Continental Systems; and that followed in the pioneer hospitals in India. Under "Nursing Education and Curricula" (Chapter XI), successive steps are traced: (1) in the gradual extension of the time of training to three or even four years; (2) establishment of Preliminary Courses which are now practically universal on this side of the water and have been introduced also in most of the hospitals of Great Britain and in some on the Continent; (3) University affiliation, under which it is interesting to note that the first five-year course leading up to the degree of Bachelor of Nursing was established at the University of Minnesota as far back as 1910, and that the degree of B.A. in Applied Science after a five-year course in Nursing was instituted at the University of British Columbia in 1919, being the

first in the British Empire, while Yale University received \$1,000,000 as its endowment of its Department of Nursing from the Rockefeller Foundation in 1929; (4) Refresher courses, post-graduate courses and other departures are further enumerated.

The great subject of Public Health Nursing (Chapters XII and XIII) is compressed into 45 pages, which cover, (1) the special forms of training instituted or required, as in the case of the British Health Visitors under courses approved and examinations set by the Royal Sanitary Institute; and (2) Organization, which includes District and Rural Nursing, Maternity and Child Welfare work, School Nursing, Tuberculosis and Venereal Diseases care, Industrial Nursing, "which offers boundless scope for originality in a vast field still uncovered", and Hospital Social Service. Psychiatric Nursing (Chapter XIV), "which stands today on the threshold of a further development rich in almost unlimited possibilities" through participation in the preventive domain of Mental Hygiene, is the subject of an interesting chapter, which includes, by the way, a rather unusual subsection on "Men Nurses".

Finally, the important subject of State Registration with its corollaries of Nurse Representation, minimum curriculum and inspection, and that of Nurses Organizations, culminating in that of the I.C.N., conclude the volume. It is completed by several valuable appendices and a good bibliography.

LETTERS TO THE EDITOR

Toronto, March 18, 1933.

My Dear Miss Johns:

I hope you may be glad to learn that, for some time, I have desired to send you a congratulatory note relative to the very important and responsible position you have recently assumed: the editorial chair of *The Canadian Nurse Magazine*.

First of all, I should like to tell you that the appearance of the March number, decked in Spring attire, both seasonable and attractive, has proved an inspiration. Then, too, I was much gratified to read your recognition—too long delayed—of the fine work performed by the first Editor of our *Journal*, my honoured friend Dr. Helen MacMurchy, her assistants and successors, to whose arduous and persevering efforts we are surely greatly indebted, more especially when one considers what was involved in editing and publishing yet one more magazine in the year 1905, prior to the organization of the Canadian Nurses Association.

The 28th anniversary of our *Journal* was an auspicious and dignified occasion on which to commemorate the great service rendered by all those who gave of their time and talents to the carrying out of this much desired project.

And just here I am impelled to say—and I trust you will agree—that were such available, I think Miss Jean S. Wilson merits some very special D.S.O. for the courage and loyalty she has displayed these many years in her earnest endeavour to perform adequately the duties of the dual position of Secretary and Editor.

And what shall I say to our new Editor, to whom at this very moment, both opportunity and responsibility beckon? Just this: "Fear thou not. Who knoweth whether thou art come to the kingdom for such a time as this?"

True, in all our Schools of Nursing, small and large, the old order changeth, and therefore I pray you may be guided by the Wisdom that is from above. This, we are told, is first pure, then peaceable, gentle, and easy to be entreated, full of mercy and good fruits, without partiality, and without hypocrisy.

In closing, may I repeat the words of Florence Nightingale, when parting from a friend of mine many years ago? "*Into the future open a better way*".

With every good wish,

Very sincerely,

Mary A. Squire



THE EDITOR'S DESK

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The Crisis in Education

The willingness and ability of nurses to face and to try to solve their educational and economic problems have never been questioned even by the severest critics of the nursing profession. During the past four years, the small measure of economic security they acquired in times of prosperity has been seriously undermined. Yet in spite of difficulties which might well have taken the heart out of them, they have held fast to certain standards in education to which slowly, and in the face of considerable powerful opposition, they have managed to attain.

Canadian nurses naturally looked to Canadian Universities to help them in their struggle to obtain educational opportunity for the preparation of teachers and supervisors in all branches of nursing. The University of British Columbia was the first to grant such privileges, and in rapid succession, McGill University, the University of Toronto, the University of Alberta, and the Western University followed suit. In other Universities, even where no regular Department of Nursing existed, there was nevertheless a disposition to provide, by means of short courses and institutes, a considerable degree of educational opportunity.

It must be freely admitted that these experiments in the higher education of nurses were not too strongly financed, and it is therefore not surprising that, when the effects of the depression became in-

creasingly manifest, and the Universities felt the pinch, there was a natural tendency on their part to lop off everything but the major faculties such as Arts, Science and Medicine.

Most fortunately one of the best established Nursing Departments, the School of Nursing associated with the University of Toronto, has been placed on a firm financial basis for a term of years at least, by means of a gift from the Rockefeller Foundation. The others are fighting for their lives with a courage and persistence which is evidence of their inherent vitality.

After thirteen years of outstanding service to the profession at large the School for Graduate Nurses of McGill University may be obliged to close its doors, unless nurses and the friends of nursing can raise an endowment fund for its support. This is a heavy task in days like these, but not heavy enough to daunt the spirit of the women who have been students in that School and who know the true value of its contribution to nursing progress in Canada. With real gallantry they are striving to raise sufficient money to maintain the School for the next five years, in the hope that, in the interval, the required endowment fund may yet be obtained.

Students have come from all parts of Canada to this School and have returned to positions of responsibility in schools of nursing and in public health organizations. Wherever these women go about

their daily work, the worth of the McGill School for Graduate Nurses is amply demonstrated, although it is possible that neither the public nor the medical profession, nor even the University authorities themselves fully realize its potentialities.

An energetic campaign has been conducted for some months past in the city of Montreal and in the Province of Quebec. The nine provincial nursing organizations have been approached with a view to enlisting their co-operation and support. The Alumnae Association of the School has organized committees in every Province in the Dominion, which are focussing points for the efforts being made to obtain both moral support and financial assistance.

It has been claimed that while widespread unemployment and distress are as evident among nurses as they are at present, further demands should not be made, no matter how worthy the cause may be. There can be no question but that the relief of members who are actually in want, is the first duty of the nursing profession. But is there not yet another clear call to action which cannot be ignored? We have come by a long and difficult road to where we now stand. Are we to slip back or are we to make that determined and united effort which may enable us to hold the ground we have already gained, in the hope that, when conditions improve, we may go forward from this vantage point? The whole future of nursing education in Canada is at stake, and Canadian nurses must hear and heed the challenge.

The May "Journal"

By courtesy of the School of Nursing of the Royal Victoria Hospital, the *Journal* is privileged to publish, as its leading article, an address delivered by Dr. Wilder Penfield, entitled *Epilepsy and its*

Interpretation. Remarkable insight is given into an almost untouched phase of medical and nursing practice. Coming as it does, from such a noted authority in this subject, this article merits close study by all nurses who contemplate specializing in the neurological and psychiatric field. In the February number of *The Canadian Nurse* a promise was made that more extended reference would be made to the unique record of Miss Jennie Webster, for thirty years Night Superintendent of the Montreal General Hospital. In *Miss Webster of the M.G.H.*, Dr. Keith Gordon paints a masterly portrait of one whom he justly terms "a great nurse."

Dr. Maude Abbott, herself an outstanding authority on the history of nursing, analyzes and gives high praise to Mrs. Seymer's remarkable *General History of Nursing*. Under the caption of the Department of Nursing Education, a case study by first year student nurses is presented which is not only interesting as a demonstration of teaching method, but also as a clinical record of an unusual case. Some new *Trends in Public Health Nursing* are indicated by Mrs. Helen La Malle, and in the Department of Private Duty Nursing, the future policy of that section of the *Journal* is outlined. An eminently practical discussion of *Nursing in Private Homes*, by Miss Christine Watling, will be specially useful to newly graduated nurses. The new department of *Letters to the Editor* is auspiciously opened with a letter from the Honorary President of the Canadian Nurses Association, and Notes from the National Office reflect nursing progress in every Province and give further information about arrangements for the International Congress. Taking it all round, the *Journal* is rather proud of itself this month.

Department of Nursing Education

CONVENER OF PUBLICATIONS: Miss Mildred Reid, Winnipeg General Hospital, Winnipeg, Man.

A CASE STUDY BY FIRST YEAR STUDENTS

MILDRED HUNT and WINEEN MACDONALD

Students in the School of Nursing of the Toronto General Hospital

The value of the case study method has, for some time past, been fully admitted, though its use has usually been confined to student nurses who had completed their first year. In the School of Nursing of the Toronto General Hospital certain modifications have been made which permit the extension of this method of learning to students who have recently finished their preliminary term. The conditions under which these case studies are made are described by the Supervisor of the Surgical Department as follows:

At the termination of the four-months' preliminary term, each student spends ten to fourteen days on either a medical or surgical ward. During this time she receives no class-room instruction and devotes all her time to the entire care of two patients. One of these patients is usually convalescent while the other, on the surgical wards, is a post-operative patient. These students are at all times under careful supervision. While caring for her patients, each student writes an account of the nursing care given, together with a brief summary of the knowledge of the condition and its prevention. From the nursing standpoint, stress is laid upon the three factors, physical, mental and social. The accompanying case study deals with the post-operative and convalescent care given a patient who had been operated on for removal of a spinal cord tumour and was written by two students, one nursing the patient immediately after operation, the other nursing the patient during convalescence.

An analysis of the case history presented in this issue reveals a freshness of approach, a keenness of observation, and a genuine interest in the patient as a human being which are highly commendable

from an educational standpoint. In a later issue, a case study made by senior students will be presented by way of contrast. The precedent set here of having two students study and report upon the same case is an interesting one, and in this instance at least, seems to have resulted in a real collaboration.

From a teaching standpoint, it should be noted that the headings under which the content of this study is grouped have been simplified in order to render them more suitable for junior students. The standard form, used by senior students, provides for a more complete analysis of medication and treatment, and of their effects, than could logically be expected from beginners. These headings should be useful to instructors and supervisors who have not yet used the case method in teaching first year students. The patient under consideration was suffering from a tumour of the spinal cord, and the nursing history of her case, grouped under the modified headings, is here presented exactly as it was prepared by the students responsible for it.

Introduction: Patient's name, date of admission, age, nationality, occupation, single or married, children, financial or family problems.

Mrs. A., a woman of thirty-seven years of age, was admitted to the hospital on _____ of this year. She is of Scotch nationality, married, and has three children living

—ages nineteen years, sixteen years, and four months. One child, age sixteen months, died last year. Her husband is unemployed, her son being the sole support of the family. Her daughter, age nineteen, is looking after the home and youngest child. There does not seem to be any acute social problem at the present time and Mrs. A. seems to place a great deal of confidence in her oldest daughter.

Mental attitude.

On arriving in the hospital, Mrs. A. was in a very depressed state of mind, probably due to the fact that she had already spent some months under treatment. Her symptoms during this time had steadily progressed. Since treatment here, and improvement in her physical condition, her attitude has become markedly improved, although she still becomes discouraged at the slightest recurrence of her symptoms unless an explanation can be given.

Important facts in family, past, housing, social, marital or occupational history influencing the development of the disease; history of previous illness, operations and general health habits.

Mrs. A.'s mother is living, enjoying excellent health, her father died some years ago of heart and kidney disease; her sister has a tumour of the breast. This is all the history of disease in the immediate family. Within the last two and a half years, Mrs. A. has been pregnant twice. During this time she suffered considerable pain, especially in her back. This pain was of an aching nature and was attributed to pressure caused by the baby. For this reason her symptoms were not carefully investigated until they failed to clear up after delivery of the last baby. As time went on she experienced increasing pain in her back and low-

er extremities and noticed changes in sensation in the lower extremities with general debility and atrophy of the thigh muscles. Later sneezing, coughing and at last even talking caused exquisite pain, due to an increased tension of the spinal fluid. Mrs. A. has suffered from constipation for a number of years. Her general health habits are only fair and her teeth are in poor condition.

Symptoms and physical findings.

1. Pain in back radiating down right leg, increasing in severity, and brought on by movement.
2. Changes in reflexes, right knee jerk absent.
3. Atrophy of thigh muscles, but no definite motor weakness.
4. Constipation.
5. Slow bladder function, catheterization sometimes necessary.
6. Anaemia.

The physical examination by the doctor was hindered because of excruciating pain, especially in the back and lower extremities. Definite tenderness over the lower lumbar spine, and diminution in sensation in the whole right lower extremity of an indefinite nature was found. The lateral aspect of the right thigh showed a large broken down area exuding considerable pus. It appeared to be quite deep and was caused by a cast which had been applied previously.

Operative procedures.

In an effort to ascertain the region of the tumour, a double lumbar puncture was done. With this test, when there is a partial block, the difference in the rise and fall of the cerebro-spinal fluid in the two manometers (one above and the other below the lesion) is very striking. This was followed by a lipiodal injection to determine the exact position of the tumour. It was shown to be about the level

of the last thoracic vertebra. Six days after admission, an operation for removal of the tumour was performed. This consisted of a laminectomy and excision of the tumour from its bed in front of the cauda equina. It had involved the sensory nerve roots entering from the upper pole and leaving by the lower pole. The tumour was pushing the sensory nerve roots against the dura mater, causing great pain. The incision was closed tightly with skin sutures.

Nursing care.

I did not nurse the patient before operation, but found, on enquiry from the nurses who had cared for her, that the nursing care was directed toward building up sufficient strength to undergo the operation; the alleviation of pain by making the patient as comfortable as possible and giving sedatives ordered by the doctor; special care being given to her mouth, and her back to prevent bed sores.

The immediate post-operative care involved much detail in addition to the routine nursing care. The temperature, pulse and respirations were taken every four hours for the first ten days, her temperature ranging from normal to 102° the day following the operation; the highest level which the pulse rate attained was one hundred and twenty, and the respirations ranged between twenty and thirty per minute at this time. During convalescence her temperature, pulse and respirations were taken twice daily; her pulse rate ranged around one hundred and ten, which is rather high for a convalescent patient. Her temperature was within normal limits and respirations between twenty and thirty.

For the first few days she was watched closely for symptoms of shock. She had frequent chills, for which extra heat was applied. It was at this time that her tempera-

ture was elevated. Each day a bath was given, while her back, legs and heels were rubbed with alcohol and dusted with boroform powder every four hours. For three days after operation Mrs. A. could not void and she was catheterized every eight hours, sixteen to thirty ounces being obtained on each occasion. She also suffered from incontinence of urine, at times, for the first three days. Great care was necessary to prevent bed sores. At first the linen had to be changed several times daily, but later once a day was sufficient. The patient was turned every two hours, which required the assistance of two other nurses. As her strength returned she was able to help herself. An air mattress was most beneficial to relieve the pressure generally.

As this patient was unable to move her lower extremities freely, there was danger of pressure sores developing on her heels. To prevent this, doughnut-shaped rings were made from absorbent cotton wound with bandages; in these the heels were allowed to rest. To overcome the sensation of pressure on her feet from the bedclothes, a wire cradle support was used. A fracture board was used under the mattress to maintain a secure level. Four days later this was removed and replaced by a gatch frame. One week after operation the gatch frame was raised slightly at the top.

While Mrs. A. was critically ill, special attention was given the mouth. Her teeth were cleaned twice daily and mouth washes were used almost constantly. For the first three days after operation, a dressing of Balsam of Peru and Castor Oil was applied every eight hours to the bed sore on the right thigh. During this time little improvement was noted. The dressing was then changed to boracic com-

presses every four hours and the wound became cleaner. The doctor then ordered that boracic irrigations be done every four hours, followed by hot boracic compresses. Since that time, healing has progressed rapidly.

At first, Mrs. A. received fluid diet only. These fluids were administered in small quantities frequently to aid in elimination of waste products. I tried to vary the type of fluid as much as possible, including those fluids of a high caloric value. Gradually a full diet was resumed, with extra nourishment between meals to help build up strength. This extra nourishment took the form of eggnog, buttermilk or cocoa. For the first week her appetite was poor, but it improved with encouragement.

Immediately after operation it was necessary to give Mrs. A. sedatives to ensure sleep. The first night she was given morphia gr. 1/6 and codeia gr. 1/2 at seven-thirty in the evening. This was only fairly effective and at twelve o'clock midnight had to be repeated. She slept fairly well after midnight. For the first three nights after operation she slept only with sedative, but since that time all sedative has been discontinued.

Intestinal elimination was sluggish, due to the fact that her diet was fluid, and probably also to the fact that she had always been constipated. She was given soapsuds enemata at first, but later one dram of aromatic cascara each evening was sufficient to establish regular elimination.

During the last two weeks in hospital, Mrs. A. received massage and movement to the right leg and foot. While convalescing, the Occupational Therapy Department provided her with some hand work. She also read a fair amount during the afternoons.

Result of treatment.

The last few days Mrs. A. was in the hospital she showed considerable improvement, from both a physical and mental standpoint. She became strong enough to sit for a very short time on the side of the bed. There was almost complete return of sensation and movement to her lower extremities. She entertained high hopes of becoming well quickly and had to be warned repeatedly not to overtire herself. Five weeks after admission, Mrs. A. was discharged with instruction to rest until strength had returned to her back. During this time her daughter, who is now looking after the home, will look after her.

Prevention of this disease and health instruction for the future benefit of the patient.

As little is known regarding the cause of a spinal cord tumour, little can be said in connection with its prevention. Observance of everyday sanitary and hygienic measures might help to prevent it and earlier diagnosis would have promoted a more rapid and complete recovery. Mrs. A. will have to take special care of her back; she should have plenty of fresh air, nourishing food and rest. Instruction as to proper diet and sufficient daily water intake will help to overcome constipation. When her general condition has improved she should have her teeth looked after, as they may become a focus of infection. This can be done through the Out-Patient's Dental Clinic. Mrs. A. will be instructed to report back to Dr. ———.

What I learned from the care of this patient.

In nursing this patient, greater insight was gained into all conditions affecting the spinal cord, how they affect the general health and mental attitude of the patient, and how the nurse can cope with these difficulties.

Department of Private Duty Nursing

CONVENER OF PUBLICATIONS: Miss Jean Davidson, Paris, Ont.

A STATEMENT OF POLICY

It is not usually the editorial custom to invade those departments of the *Journal* which are devoted to the interests of the three Sections of the Canadian Nurses Association. After consultation with Miss Isabel MacIntosh, who is the National Chairman of the Private Duty Section, and with Miss Jean Davidson, the National Convener of Publications for that section, it has been decided to waive this unwritten rule for this occasion only, and to allow the Editor the privilege of making an initial statement bearing on the function and policy of the Department of Private Duty Nursing in *The Canadian Nurse*.

Considerable correspondence has taken place between the Chairman, the Convener of Publications and the Editor, and it is now apparent that there is general agreement between them regarding the underlying principle that the Department should fulfil a dual function, and should serve as an open forum as well as afford an opportunity for the expression of the educational and economic ideals of the private duty group.

The Chairman has outlined the advantages of an open forum, in which questions bearing on all phases of the practice of private duty nursing could be informally debated, in the following words: "Weakness in the economic aspects of private duty nursing has always existed, and although until recently it has been scarcely understood or realized, it is now being keenly felt through actual suffering. I wish

we had been five years ahead in our thinking; we should then have been less helpless than we are today in the face of an almost bankrupt state in all other professions and trades. The present condition of affairs is bound to bring forward many arguments, all of which may not be sound, but be that as it may, the seriousness of the situation cannot be ignored."

The Convener of Publications has some very practical recommendations to make about the sort of material which should appear monthly. Miss Davidson suggests that the Convener confer with the Editor concerning the general trend of thought which should govern the selection of content for each issue. This content might include case studies, written by private duty nurses, and based on their personal experiences. From time to time, physicians might be invited to contribute articles on some related educational topic and the advisability might be considered of asking a layman (or a laywoman) to discuss nursing service from the standpoint of the public. The Convener of Publications agrees with the Chairman and the Editor that some sort of open forum should be provided, which could be used as a question box as well as for the publication of letters.

It is also agreed that it is usually preferable that contributors to the Department should send their communications to the Convener of Publications, but that the Editor may also be granted the privilege of soliciting and receiving contri-

butions. The Editor, of course, reserves the right to decide upon the wisdom or otherwise of publishing any material submitted for publication in the *Journal*.

It is plainly apparent to all thoughtful observers that far-reaching changes must inevitably come about in nursing practice and education. It seems likely that these changes may affect the private duty group more profoundly than any other. The Chairman of the Private Duty Section and its Convener of Publications have worked out a policy for the direction of the Department in the *Journal*. The *Canadian Nurse* stands ready to give all the assist-

ance possible. Private duty nurses, therefore, already possess national leadership and an opportunity for dignified national publicity in the official organ of the Canadian Nurses Association.

The Department of Private Duty nursing might be the most vital and interesting in the *Journal*, and it will be if private duty nurses will respond promptly and whole-heartedly to the leadership of their elected representatives, and to the appeal of the Editor for co-operation in making this Department what it ought to be: the index and the reflection of the best thinking of the private duty nurses of Canada.

NURSING IN PRIVATE HOMES

CHRISTINE WATLING, President, Montreal Graduate Nurses Association

Nursing in the home differs considerably from nursing in hospital. In the hospital there is every facility for dealing with all kinds of cases and with every emergency which may arise, and the house doctor is there to appeal to, if necessary.

Going on duty in a home, the nurse should have the necessary equipment required for ordinary cases, such as a set of surgical instruments, a kidney basin in which to sterilize them, bandage scissors, medicine glass and minim glass, small rubber catheter, enema tube and funnel, a hypodermic syringe, and, for emergency use, strychnia tablets and a few ampules of camphor in oil. I am not going to tell you that you should carry morphine tablets, because according to the law controlling the use of narcotics, that is not allowed. If a

doctor wants his patient to have morphine, he should order it from the drug store or supply it himself in case of emergency. Should a patient be on a q.4.h. order for any of the drugs I have mentioned, the nurse should see that the doctor leaves a prescription for them, for why should a nurse provide medicine for the patient except in cases of emergency?

Nurses should be sure to have temperature charts and bedside notes. These may be procured at any drug store. If bedside notes are not available, a large writing pad will answer as well, but be sure to have temperature charts. Nothing makes a doctor so annoyed as to find the temperature just jotted down on a piece of paper. A fountain pen is a necessity, too.

In a home, the nurse has the sole responsibility of the patient between the doctor's visits, and it is essential for her to get explicit instructions from him, as to what

An address to the student nurses of the School of Nursing of the Montreal General Hospital, March, 1933.

measures may be taken for the safety of the patient should anything occur which necessitates quick action before he can be located.

The chief thing in cases of emergency, is to keep a cool head. Never let your patient see that you are worried or flustered. Work quietly and quickly. Should it be necessary for you to leave the patient's room to get anything, ask some one of the family to stay until you return, but, as often happens, if that person is too nervous to be left alone with the patient, give him or her clear and concise instructions as to what you *need* and how to *prepare* it.

On going into a home, the nurse should tactfully get her bearings. Find out where the kitchen is situated, and where utensils are kept, in order that you may not need too much waiting upon, and above all, try to make as little work for the maids as possible. Somehow or other, maids have the idea that nurses usually upset the household. That should not be the case. No matter how many maids are in the house, no nurse should leave soiled linen or dishes lying around for them to tidy up. Keep a towel in the bathroom for wiping dishes. In one house in which I nursed, the maid was rather surprised not to have all her saucepans and pots burned, because she had had previous experience with a nurse who burned everything she put on the stove. There is no excuse for such carelessness on the part of any nurse. Try to plan your work so as to be punctual with your patient's meals and with your own. If you are a day nurse and there is to be a night nurse, arrange with the maids that provision is made for her meals during the night. Some people never think that a night nurse needs food, forgetting that the night is really her day. Do

not be too critical of the food prepared for you.

In many hospitals, student nurses have very little to do in connection with the sweeping and dusting of a patient's room, but you will find that in a great many homes it is part of your duties, so I would advise you to find out where the carpet sweeper, mop and dusters are kept. In some cases the maids will offer to do it for you, in others the patient may be very ill, and you will find you can be much quieter in the room, doing it yourself, and certainly where there are no maids, you will have to do it. But that is a mere trifle. You may even have to cook the meals for yourself as well as for the patient, so make the best of it, and try to keep the patient cheerful and free from worry.

In the home, the nurse comes into closer contact with the family than she does in hospital, and sometimes considerable tact is needed to keep things running smoothly. It may seem to the nurse that they are inclined to interfere, when in reality they are only over-anxious, as undoubtedly we all would be, were it one of our own family who was ill. Very rarely does the family interfere with the nurse as long as they see she is taking good care of the patient and carrying out the doctor's orders. The nurse should try to inspire confidence in herself, as well as in the doctor, in order that relatives may be assured that the patient is having the best attention possible, and that everything is being done to hasten recovery.

Avoid calling the doctor needlessly. One of our doctors, when calling a nurse recently, said to the Registrar: "Don't send a nurse who will call me up, just after I have left the patient's home, to ask whether I want the temperature taken by mouth or rectum." But

don't hesitate a moment to call him if any unexpected change occurs. Shift the responsibility to his shoulders and you will have done the right thing.

Be careful of linen. The supply is not unlimited as in hospital, and even in hospital we sometimes run short. Unless absolutely necessary, sheets are not changed each day or pillow cases either. If you see that linen is scarce, wash out any little spot which you may get on a sheet, and keep that to use as a draw sheet later on. Utilize newspapers. When giving an enema, use several thicknesses of paper covered with a bath towel. If there are children in the house, one usually finds a piece of rubber sheeting, but if not, and the illness is not very severe, do not insist on buying it, unless absolutely necessary to protect the mattress. For a back rest, a kitchen chair or heavily padded chair cushion will serve. If something is needed to keep pressure off feet or legs, a leaf of a table, covered with a sheet or heavy towel will do. An excellent cradle can be made with three pieces of narrow board and barrel hoops. Be careful of furniture—nurses with alcohol bottles have ruined many a table and bureau top. Unless there is a glass top on the table, place the bottle on a paper on the floor or rug. Never put your wash basin on a chair unless protected by newspapers and a bath mat.

When visitors call to see the patient, although you may be urged to remain in the room, make some tactful remark and leave them to chat alone. One patient complained that she never had a moment's private conversation with her visitors, let alone her husband, as the nurse always stayed in the room.

Read the daily papers, so that you may be able to discuss some-

thing more than the latest movie magazine. Be careful of your own personal appearance. Never go around with untidy uniforms or dirty shoes. These things are particularly noticed in the home, and just here let me give you a word of warning. Never smoke while on duty either in hospital or in homes. Several times lately doctors have specified, "Do not send a nurse who smokes." Smokers themselves may not notice it, but to one who does not smoke and is ill, the odour of stale cigarette smoke is obnoxious. All this may sound very trivial and foolish, but it is the little things which tend towards the success of the Private Duty Nurse. When the patient and his family sees that a nurse is careful and discreet in the house, they will recommend her to others, and in that way the nurse will soon establish a clientèle.

You will find that there are a great many advantages in nursing in homes that you do not enjoy in hospital. For example, you will always find someone in the family ready to help in any way they can. You do not have to wait until a nurse gives a bed bath, or some such thing as that, before she can help you. No struggle with diets and meals in a kitchen with eight or ten other nurses. The family knows the likes and dislikes of the patient and only the food he or she can eat is prepared. Of course, the nurse may suggest and prepare tempting little dishes, especially if there is not a qualified cook in the kitchen.

The true test of a nurse's efficiency is not in the hospital, but in the home, and wherever you may be, always strive to keep before you the high ideals and standards of the nursing profession, set for us by those pioneer nurses who were proud to serve the patient, in his home or in a hospital, faithfully and well.

Department of Public Health Nursing

CONVENER OF PUBLICATIONS: Mrs. Agnes Haygarth, 21 Sussex St., Toronto, Ont.

TRENDS IN PUBLIC HEALTH NURSING

Mrs. HELEN C. LA MALLE, R.N.,

Superintendent of Nursing, Metropolitan Life Insurance Company, New York

The progress of public health nursing depends upon the acceptance of constructive trends that will make it possible for us to scrutinize our present programme. You will agree that the time has arrived for a careful, critical analysis of actual performance in nursing practice.

As public health nursing is a community service, we have to keep in mind the changing social conditions, and modify our methods accordingly. Having considered many trends in my study, I have selected three because of their importance to the field of public health and to public health nursing as a whole.

1.—Trends with respect to nursing practice.

2.—Trends with respect to community relationships.

3.—Trends in the growing consciousness on the part of Health Officers as to the importance of communicable disease nursing.

Let us consider first the trends with respect to nursing practice. As we obtain a better knowledge of communities, our nursing service should be adapted to meet newly-disclosed needs. All nursing is aimed at placing emphasis where it is most likely to do the most good.

Too much emphasis has been put on quantity rather than on quality. I think it makes for a better ser-

vice if the family has more responsibility; if we try to make every visit count, and to eliminate useless visits.

The goal is responsibility. There is a continual trend in the direction of preparing nurses for specific responsibilities.

It is recognized that it is a legitimate function of organizations to provide training in service, to keep the staff alert to their opportunities, to have a continual educational process so that better service will result. Unless the principles taught through training are being properly applied routinely and systematically, then all efforts to effect the best service will be lacking in results. I think there is a much better understanding of this point.

Staff education is constantly growing, and the best staff education is a continuous process. It requires frequent contact of the staff worker with the Supervisor, who, by reason of training and experience, is qualified to direct and aid her with her daily problems. The education of a staff nurse is not accomplished through introduction and initial demonstrations. It is a matter of months of careful instruction and constant supervision.

There is a trend that makes us conscious that no one is a good worker unless she is happy and healthy. She must be interested in

Read at the Annual Meeting of the American Public Health Association, Washington, D.C., October, 1932. Published in the April issue of "The American Public Health Journal."

her work before she can do good work.

Secondly, we will consider the trends with respect to community relationships. Some years ago, only the very poor would use the nursing service, but now the service is being asked for by the middle class on a part-time basis, and therefore the demand for service is increasing. We have with us not only the poor in increasing numbers, but we have this new demand.

There is a trend toward generalization and amalgamation. There is much closer co-ordination toward building a community programme. The economic situation is resulting in closer bonds between local health and social work agencies. Concerted efforts in fund-raising encourage joint programme planning. Some Community Chests have organized special advisory committees to help plan to meet changing conditions, and usually the public health nursing agency is represented. With the united forces collectively discussing their problems and combining their efforts toward the same aims and ends, we should have better equipped and more responsive agencies.

The third, and perhaps one of the most important, trends to consider is the growing consciousness on the part of Health Officers toward the need for nursing care to communicable diseases. Health Officers in the past have generally not approved the inclusion of nursing care to communicable diseases in the general nursing picture. The programme should provide more

definitely for this, and for close and mutually advantageous relations between Health Officers and private organization nursing services. Every Health Officer has the leadership and authority to aid in developing a well-rounded community programme which will include a larger measure of nursing care to communicable diseases.

I have the privilege of representing a company which has established nursing service in more than 5,000 cities and towns. During 1931, the company spent more than \$4,000,000 for nursing service which made possible service to upwards of 800,000 cases, and in the analysis of more than 200,000 of the cases, only about 5% were of measles, scarlet fever, whooping cough, diphtheria and other communicable diseases. You will agree that this study reveals that relatively few cases of communicable diseases are being nursed.

I cannot help wondering how the large number of Metropolitan policyholders who were ill with communicable diseases fared during 1931. How much did lack of care and lack of knowledge on the part of these sick policyholders contribute to the spread of communicable diseases? How many are suffering from unfortunate effects which might have been prevented, simply by knowledge? It is impossible to contemplate this gap in nursing service without realizing that it may represent a large volume of serious incapacity as well as loss of life. Is not the stopping of this gap of vital importance to all interested in public health?

Notes from the National Office

Contributed by JEAN S. WILSON, Reg. N., Executive Secretary

An outstanding achievement in national organization development for nurses in Canada was accomplished at the General Meeting of the Canadian Nurses' Association in 1930. At that time the Association became a federation of the nine provincial registered nurses' associations; previously, numerous alumnae groups held direct membership in the C.N.A. The primary purpose of reorganization was to strengthen the provincial units, especially through increased membership, which in time would result in the C.N.A. being more fully representative of all accredited nurses in the Dominion.

The C.N.A. is to celebrate its twenty-fifth anniversary during the General Meeting in June, 1934. In observing this event, it was decided that a campaign for increased membership be planned, the result of which should be to have every registered nurse in the Dominion obtain her affiliation with the national body. In seven of the provinces, registration is compulsory for membership in a provincial organization, but even in these provinces there are nurses who have permitted registration to lapse without realizing that they are thereby cut off from national and international affiliation.

The personnel of the Special Committee appointed by the C.N.A. to direct this Campaign is: Convener, Miss Mary B. Millman, 126 Pape Avenue, Toronto, and Misses Kate S. Brighty, Edmonton, Alberta; E. Breeze, Vancouver, British Columbia; Margaret Meehan, Winnipeg, Manitoba; Maude E. Retallick, West Saint John, New Brunswick; L. F. Fraser, Halifax, Nova Scotia; Marjorie Buck, Simcoe, Ontario; Anna Mair, Charlotte-town, Prince Edward Island; E.

Frances Upton, Montreal, Quebec; Ruby M. Simpson, Regina, Saskatchewan. This Committee is endeavouring to have the professional groups in each province recruit into membership all eligible nurses. The objective is 10,000 members in the C.N.A. by June, 1934.

The Committee's first move was to obtain from the provincial secretaries the methods already used to increase membership, and also to submit suggestions whereby the Committee could further the activities in the Campaign. Later, from replies received, data were compiled and copies sent to each member of the Committee. It was shown that most of the provinces have routine procedures by which the benefits of belonging to the provincial organization are emphasized to the nurses, prior to graduation. One province has prepared a folder "You Should Belong" in which are set out the aims and objectives of the Association, and the reasons why the new graduate should join the professional group. The same province sends a congratulatory letter to the recent graduates. Other methods reported that, by correspondence and visits of inspection, hospitals and institutions employing graduate nurses are invited to give their support by urging all nurses in their employ to maintain registration and provincial membership. Recently, in one province, the Hospital Regulations have been amended so that after January 1st, 1934, all graduate nurses employed in hospitals (receiving government grants) must be registered in that province—annual registration is demanded. This is a forward step that receives the commendation of the C.N.A.

In spite of repetition, it is again

stated that provincial membership means national and then international affiliation. Two instances may be cited in emphasizing the benefits of this relationship. The Arrangements Committee for the I.C.N. Congress have issued a fiat that only those nurses from countries affiliated with the I.C.N. may register for the Congress who can produce a certificate of membership in their national organization. Also, the decision reached in regard to a nurse's qualifications for national enrolment for emergency service in times of epidemic, disaster or war, state specifically that the nurse must have obtained registration, and be a member of a provincial association. It is recalled that the plan for enrolment was decided on after conferences between the Director-General, Medical Services of the Department of National Defence, the Chief Commission of the Canadian Red Cross Society and the President of the C.N.A.

Already the results of reorganization of membership in the C.N.A. show that there is a steady increase in membership in the provincial units. The objective of the Membership Campaign, 10,000 members in 1934, should be assured.

An authoritative statement made in 1931 was: there are 18,000 registered nurses in Canada. Why should not every one of these be a member of a provincial association? Space does not permit mention of the numerous advantages a nurse gains through registration. Suffice to state that she is safeguarded to a degree quite beyond that of the nurse who has not qualified and she has access to the privileges that professional organization relationship makes possible.

The Membership Campaign Committee is doing its utmost in the interests of its undertaking—it is to the individual nurse the Com-

mittee and the provincial and national bodies turn for support of this project during 1933.

PROVINCIAL ACTIVITIES

The heroic spirit in which the members of the provincial associations are undertaking the solution of professional problems is shown in the reports sent forward to the National Office for a recent meeting of the Executive Committee. The latter body expressed appreciation of these admirable reports, a summary of which follows:

Alberta: Twenty per cent. decrease in annual fee; \$500.00 made available as a Loan Fund in 1933; \$200.00 for the School for Graduate Nurses, McGill University, and a contribution, when required, to the Florence Nightingale Memorial Fund. A substantial grant makes it possible for the Secretary-Registrar to attend the I.C.N. Congress. Unemployment is being studied and special course lectures arranged.

British Columbia: Preparations made for the twenty-first annual meeting; progress reported in activity of the Provincial Joint Study and Hourly Nursing Committees—announcement of developments in the latter undertaking are being awaited with interest by nurses throughout the Dominion.

Manitoba: An excellent report of this provincial organization was published in the March number of the *Journal*. The Nursing Education Section, Winnipeg group, meets bi-monthly to study the Survey Report. Later, a synopsis and findings of chapters discussed are sent to the Superintendents of Schools of Nursing in rural Manitoba; this plan shows a keen desire to share with those nurses who are deprived of the opportunity to meet in conference with their confrères. The Private Duty and Public Health Sections are tackling their problems in a co-operative, energetic spirit.

New Brunswick: As required annually, a list of members was prepared for publication in the *Royal Gazette* and the provincial newspapers. Candidates for latest Registration Examinations totalled 80, of whom 55 were successful. The Public Health Nursing Section sought the co-operation of the Association to enforce certain Survey Report recommendations. An appeal was made to members of the Nursing Education Section for assistance in securing articles for *The Canadian Nurse*. The Secretary-Registrar is granted two months' leave-of-absence with salary, to attend the I.C.N. Congress.

Nova Scotia: The Pass Mark Minimum in Registration Examinations was raised to 50% in each subject and 60% average. An endeavour is being made whereby the minimum entrance academic qualifications will be Grade XI or its equivalent (the latter is to be decided by the Executive Committee, N.S.R.N.A.). The assistance of the Minister of Health, the Medical Superintendents and Superintendents of Nursing in all Provincial Institutions is solicited by the Association in its desire to make compulsory the employment of registered nurses only in these institutions.

Ontario: Arrangements made for annual meeting in Windsor, for which the customary registration fee is cancelled. District membership in Northern Ontario has increased over 100%, due to the formation of local groups in small centres of population. Few, if any, urban centres in Canada have achieved similar gratifying results.

Prince Edward Island: No report was received from this province. The projects of the C.N.A. as submitted to the provincial associations meet with ready support in Prince Edward Island.

Quebec: A report of the annual meeting A.R.N.P.Q. was published in the March number of the *Journal*. Since the pass mark for Registration Examinations was raised to 60% there has been a proportionate increase in the number of failures. The Secretary-Registrar, as Official Visitor to Schools of Nursing, made 36 visits in 1932. In Quebec, there are 39 schools on the approved list and 9 that do not yet meet the minimum requirements.

Saskatchewan: Recommendations from the Provincial Legislature were accepted by the Provincial Association, whereby important changes have been effected in the Hospital Regulations issued for 1933: (1) After January 1, 1934, all graduate nurses employed in hospitals must be registered in the Province—also, each hospital must employ at least two duly qualified nurses, one of whom shall be the matron. One such nurse must be on duty at all times. (2) Training Schools for Nurses regulations are to be improved. After January 1, 1936, a hospital conducting a school must have at least four registered medical practitioners resident within a radius of two miles, all of whom must practise in the hospital. The authorized adult bed capacity of these hospitals must be at least 70, with daily average of 40 patients. There must be three graduate nurses on the staff and the academic qualifications of the student nurse is to be Grade XI or its equivalent, as recognized by the Department of Education of Saskatchewan.

INTERNATIONAL COUNCIL OF NURSES CONGRESS

Representation: The four representatives from Canada appointed to represent the Canadian Nurses Association at meetings of the Grand Council, International Council of Nurses, are: Miss Isabel Mac-

Intosh, Chairman of the Private Duty Section; Miss Anna E. Wells, from the Public Health Nursing Section; Miss Marion Lindeburgh, from the Nursing Education Section, and Rev. Sister Allard, representing the French-speaking members.

Meetings of the Grand Council are to be held in Paris on July 7 and 8. These meetings are to be preceded by meetings of the Board of Directors, July 4 to 6. The latter body consists of: Honorary Presidents in office in 1925, President, First and Second Vice-Presidents, Secretary and Treasurer, and the Presidents of national organizations of nurses which are affiliated with the I.C.N. The Grand Council is composed of the Board of Directors and the four accredited delegates from each national organisation. The Grand Council is the voting body at each Congress.

Congress Programme: A report of the Congress Programme was published in detail in the April number of the *Journal*. Members of the Canadian Nurses Association who are contributing to the Programme are: Miss Jean Gunn, who is Second Vice-President, I.C.N.; Miss Florence H. M. Emory, President, C.N.A.; Miss Anna E. Wells, Director of Public Health Education, Department of Health and Public Welfare, Manitoba; Miss Marion Lindeburgh, Assistant Director of the School for Graduate Nurses, McGill University, and Miss E. Bell Rogers, Instructor of Nurses, Royal Victoria Hospital, Montreal; Miss Beatrice L. Ellis, Superintendent of Nurses, Toronto Western Hospital, Toronto, and Miss Ruby E. Hamilton, Superintendent, Junior Red Cross, Ontario Division, Canadian Red Cross Society.

C.N.A. Tours: It is anticipated that the number of members who will join one or other of the C.N.A. Tours as arranged by Thos. Cook and Son, Ltd., will reach 85, and probably 100. The enrolment at time of writing registers the former number and exceeds the most optimistic estimate made early in the year.

A letter has been received from the Honorable H. Ferguson, High Commissioner for Canada, Canada House, London. Mr. Ferguson assures members of the C.N.A. that the facilities of Canada House will be at their disposal during their stay in London; also, all those who can attend the Dominion Day reception, on Monday, July 3, will receive a welcome. C.N.A. members who may be able to attend that Reception should advise the Executive Secretary, C.N.A., accordingly, prior to June 10, in order that the number and names of nurses may be forwarded to Canada House; this information is requested because it will be of assistance in making arrangements for the Reception.

Catholic Congress: Recent information from Thos. Cook and Son announces that arrangements have been made for those nurses who wish to attend the International Federation of Catholic Nurses Congress at Lourdes, July 18 to 22, as well as the International Council of Nurses Congress, in Paris and Brussels, July 10 to 15. The arrangements include a Main Tour and two extensions, the specifications and conditions of which are exactly the same as those for the I.C.N. Congress Tours. Nurses wishing to attend both Congresses should make their arrangements with Thos. Cook and Son, the Official Travel Agents for the Canadian Nurses Association.

News Notes

News items intended for publication in the ensuing issue must reach the Journal not later than the eighth of the preceding month. In order to ensure accuracy all contributions should be typewritten and double-spaced.

ALBERTA

CALGARY: At a large and representative meeting of the Calgary Graduate Nurses' Association it was decided, in view of present conditions, to reduce the Graduate Nurses' fees to \$4.00 a day. There was considerable discussion over the matter, and it was pointed out that the fees had never been as high in Calgary as in other cities where, until recently nurses received \$6.00 and \$7.00 a day; also that during the last two years, members while charging the regular fee, have been giving extra days free to their patients, in an endeavour to meet conditions. The members felt that the Association should officially recognize conditions and do its bit, and a resolution was passed to the effect that "For all medical, surgical and obstetrical cases the fee shall be \$4.00 a day instead of \$5.00 as heretofore." The following nurses were admitted to membership: Miss E. Hunter, R.N., Miss U. Burrows, R.N., Miss R. Powell, R.N. Final arrangements for the annual association dance were discussed. Reports were also given by Miss Casey on the successful chain bridge parties which are being given and have been so much enjoyed. The Secretary, Mrs. F. V. Kennedy, read a report on the Florence Nightingale Memorial Fund and its success to date.

EDMONTON: At the March meeting of the Edmonton Graduate Nurses' Association, Dr. M. E. Lazarte of the University staff gave an interesting and instructive talk on vocational guidance, stressing the importance of boys and girls having access to books on vocational subjects while still in the elementary schools in order that they might have a better knowledge of what would be expected of them in the different professions or trades. He also gave an outline of a desirable course of study for girls who intend to become nurses.

The Edmonton Graduate Nurses' Association entertained at luncheon in honour of Miss Elizabeth Smellie during her recent visit to Edmonton. A representative group listened with intense interest to her talk on her trip abroad as she sketched for us a picture of scenes and methods in European nursing work in its various branches. A happy finale to Miss Smellie's visit was a reception held in her honour by the Overseas Nursing Sisters' Club.

MEDICINE HAT: The annual meeting of the Medicine Hat Graduate Nurses' Association was held on March 7, when new officers were elected for the ensuing year. A hearty vote of thanks was extended to Mrs. Tobin, the retiring president, who held that office

for the past two years. The regular monthly meeting was held on April 4. The business meeting was followed by a social hour and refreshments.

BRITISH COLUMBIA

VANCOUVER: The charming residence of Mrs. King Brown was the scene of a delightfully informal reception, when members of the Vancouver Unit, Overseas Nursing Sisters' Association, entertained in honor of Miss Elizabeth Smellie, R.R.C. Receiving with Mrs. Brown were Miss Jean Matheson, Matron of Shaughnessy Military Hospital, and Miss Jane Johnston, president of the Association. The beautifully appointed table, lighted by tall tapers in old Italian candelabra and centred with fragrant spring flowers, was presided at by Mrs. John Rose and Miss M. Motherwell, while assisting in serving were Mrs. J. O. McCabe, Miss Louise Brand and Miss H. Rice. Many of the guests had served overseas with Miss Smellie, and her informal talk about her experiences during the past year and witty anecdotes of her trip abroad, proved a very attractive feature of the evening, which was convened by Mrs. A. E. Cunningham. Other guests included Mrs. F. W. Clayton of Gibsons Landing, a charter member, and Mrs. George Appelbe, Miss Bertha Bennet, Mrs. J. P. Bilodeau, Miss E. Cameron, Mrs. F. W. Crickard, Mrs. Ralph Coleman, Miss M. I. Hall, Miss Heaney, Miss Dorothy Jefferson, Miss Mary McLane, Miss K. Panton, Mrs. W. E. Robi, Mrs. Rothwell, Mrs. J. Shepherd, Miss Isabel Sims, Mrs. J. T. Wall, Mrs. Rounding, Mrs. J. M. B'ough, Mrs. F. W. Clayton, Miss Margaret Cunningham, Miss Laura Holland, Mrs. A. W. Hunter, Miss Conway-Jones, Miss Edith Lumsden, Mrs. J. Kent McAlpine, Miss E. Martin, Miss H. Munslow, Miss K. Perrin, Miss Stark, Miss Alice Stewart, Mrs. A. Valentine and Miss Hirst.

MANITOBA

BRANDON: The Brandon Graduate Nurses Association held their regular meeting on March 7, at the home of Miss Marjorie Trotter. After a short business session Miss Finlayson introduced the guest speaker, Mrs. E. A. Whitmore, who chose as her subject "The Pillars of Triumph". Dainty refreshments were served by the Private Duty section.

WINNIPEG: At the quarterly meeting of the Manitoba Graduate Nurses' Association, it is planned to discuss the questions formulated by the Joint Study Committee, and which

were given in full in "Manitoba Shows the Way" in the March issue of *The Canadian Nurse*. Dr. N. R. Rawson, Provincial Epidemiologist, will also address this meeting, his subject being "Diphtheria Prevention Campaign", and a film will be shown entitled "New Ways for Old." Certificates of membership in the Canadian Nurses Association for use of registered nurses who are proceeding to the International Congress in Paris, may be procured by writing to the Secretary of the M.A.R.N., 753 Wolseley Avenue, Winnipeg.

NEW BRUNSWICK

FREDERICTON: The 1933 dinner of the Alumnae Association of Victoria Public Hospital Training School for Nurses was held on February 15, when about fifty members were present as well as the members of this year's graduating class. Mrs. James L. Mavor, the president, received the guests and presided at the dinner. Mrs. Hazen Everett acted as toast mistress and the toasts honored were The King, Alma Mater, The Doctors and the graduating Class. Following the dinner, business was taken up and officers for the year elected as follows: Honorary President, Mrs. Gordon Woodcock; President, Mrs. Trafford Donovan; First Vice-President, Mrs. Frank Fairley; Second Vice-President, Mrs. Kenneth Jewett; Third Vice-President, Miss Kate Johnston; Secretary-Treasurer, Mrs. Bertha Colter; Assistant Secretary, Miss Dorothy Parsons. Letters were read from members outside the city who were unable to be present.

MONCTON: On February 13, the Moncton Chapter of the New Brunswick Association of Registered Nurses held a most successful tea in the Hospital Annex, under the convener'ship of Misses Maisie K. Miller and Nellie Good. The reception rooms were artistically decorated for the Valentine season. Miss MacMaster, Superintendent of the Hospital and president of the Provincial Association, with Miss MacLaren, President of the Local Chapter, poured tea at a table centred with red carnations in a silver basket, and lighted by red candles. Members of the Association in uniform served tea, while music was furnished by Mrs. J. G. MacKinnon. Miss Marguerite Brown, Child Welfare nurse for the town of Shediac, New Brunswick, and a member of the N.B.A.R.N., recently became the bride of A. W. MacQueen, Mayor of Shediac.

SAINT JOHN: The annual meeting of the Saint John General Hospital Alumnae Association was held at the Nurses Home on April 3, with a good attendance. Plans were made for the entertainment of the 1933 graduating class. The following officers were elected: Hon. President, Miss E. J. Mitchell; President, Mrs. G. L. Dunlop; Vice-President, Miss E. Henderson; Second Vice-President, Mrs. F. M. McKelvey; Treasurer, Miss K. Holt; Secretary, Mrs. Edgar Buyes; Council Members, Mrs. H. H. McLellan, Mrs. A. G.

Clinch and Mrs. J. H. Vaughan. On March 20, the monthly meeting of the Local Chapter of the Registered Nurses' Association was held at the Saint John Tuberculosis Hospital with the President, Miss Ada Burns, in the chair. Miss Margaret McJunkin was appointed Treasurer. Dr. C. McPherson gave an interesting lecture on "Present day diagnosis and treatment of tuberculosis". Refreshments were served by the staff nurses. Jordan Memorial Sanatorium at the Glades, near Moncton, which was partly destroyed by fire about a year ago, is rapidly being rebuilt. Sympathy is extended to Miss Marion Maxwell, R.N., in the death of her father, and to Miss Frances Stanley, R.N., in the death of her brother, and to Miss Viola McKeen in the death of her father.

ST. STEPHEN: The regular meeting of the Local Chapter of the N.B.A.R.N. was held on April 6, with an attendance of 27, including guests. Routine business was transacted, and plans made to put on a movie after Easter. We also planned to have a "Be your age" party at our next regular meeting. Miss Beatrice Cochrane has gone to the Children's Memorial Hospital, Montreal, for a three months' post-graduate course. Miss Clara Dowling is a patient at the Chipman Memorial Hospital, following an operation for appendicitis. Miss Myrtle Dunbar has been quite ill. Miss Grace Mowatt has returned from the Saint John County Hospital, and is making good progress at her home. Sincere sympathy is extended to Miss Agnes McCrea in the death of her mother.

NOVA SCOTIA

HALIFAX: At the quarterly meeting of the R.N.A.N.S. held on March 11, plans were discussed for holding an Institute on Administration and Teaching in Schools of Nursing, during the second week in June, immediately preceding the annual meeting of the Association. It is hoped that Miss Ethel Johns, Editor of *The Canadian Nurse* will be present on this occasion and take part in the Institute. The nurses of Nova Scotia will be glad to have this opportunity to meet Miss Johns and welcome her to our Province.

REGISTERED NURSES' ASSOCIATION OF ONTARIO

DISTRICT 2

BRANTFORD: Dr. W. L. Hutton, M.O.H., gave a most interesting address on "Eugenics" at the meeting of the Brantford Nurses Alumnae Association held on April 4. Miss K. Charnley was appointed a delegate to the meeting of the Registered Nurses' Association of Ontario, which is being held in Windsor, April 20-22.

STRATFORD: A feature of the March meeting of the Alumnae Association of the Stratford General Hospital, was the order to purchase two Fowler Frame cots to be placed in the pediatric ward of the hospital as a gift

from the Association. Miss I. Tucker (1931) is taking a post-graduate course at the Children's Memorial Hospital, Montreal, and Misses H. Morrison and Laura Wagner (1932) are taking a course at the Ontario Hospital, Whitby.

DISTRICT 5

TORONTO: On March 8, 1933, the Alumnae Association of the Toronto General Hospital Training School for Nurses held its regular meeting in the lecture hall of the West Residence. Miss Nettie Fidler presided, and, following a short business meeting in which the question of Group Insurance was adopted for another year, the speaker of the evening, Mr. K. H. Rogers, gave a very interesting address on "Psychology and its Application to Nurses". The meeting was largely attended and at its close a very enjoyable social hour was spent with Miss Eugenie Stuart and Miss Elvira Manning acting as hostesses.

The March Section of the class of 1920 Toronto General Hospital Training School for Nurses held its Annual Reunion Dinner on March 6. Later they were guests of Mrs. Breithaupt at her home. Those present were Miss Athol Beaty, Miss Louise McKinnon, Mrs. John Swan, Miss Olive Willocks, Mrs. Wm. Breithaupt, Miss Elvira Manning, Miss Mabel Platt, Miss Gordon Lovell, Mrs. J. F. Salmon, Mrs. J. P. Lyons, Miss Isobel Finch, Miss Laura Rowan, Miss Mildred Fox, Mrs. Ellis, Mrs. J. H. Braithwaite and Miss Isabel Sparks.

TORONTO: A very interesting meeting of the Community Health Association of Greater Toronto was held on March 14, when about two hundred members and interested friends were present. After the regular business a Demonstration of Maternal Care was introduced by Dr. J. Z. Gillies who spoke on "The Status of Home Maternal Care at the present time and types of cases that may be cared for satisfactorily at home". He spoke in very warm terms of the work of the Victorian Order of Nurses and the Saint Elizabeth Nurses in the care of maternity cases in the home. A demonstration of a first pre-natal visit was presented by Miss I. McLeod of the Department of Public Health, assisted by Mrs. F. E. Piercy (née Eleanor Stark T.G.H.), who took the part of the patient in all three scenes. A demonstration of a second pre-natal visit was presented by Miss C. Connolly. St. Elizabeth Visiting Nurses' Association. A demonstration of set-up for confinement and post-partum care in a home was presented by Miss Muriel Winter, Victorian Order of Nurses, and a demonstration of a post-natal visit was presented by Miss C. Connolly, St. Elizabeth Visiting Nurses' Association. The meeting was presided over by Mrs. Hanna and the programme arranged by the Committee on Maternal Care under the convenership of Miss Alice Thompson. Refreshments were served at a social half-hour following the meeting, when Miss Edith Campbell presided at the coffee urn.

TORONTO: The joint annual dinner of the Alumnae Associations of the Department of Public Health Nursing and of the Hospital Instructors and Administrators, was held at the Granite Club on March 11. The tables were gayly decorated with green favor baskets, which heralded the approach of St. Patrick's Day. Hearty applause greeted the graduating students who filed in, two by two, wearing green paper top hats at various rakish and becoming angles, and found places at two tables in the centre of a three-sided square. As guests of honor and prospective Alumnae members, they were the chief interest of the evening. Miss Gamble (1921) acted as toast-mistress and Miss Edith Cale (1923), President of the Alumnae of Public Health Nursing, proposed the toast to the University to which Canon Cody responded in his usual gracious manner. The toast to the Department was proposed by Miss McCamus, and responded to by Miss Kathleen Russell, who spoke briefly of the future of the School of Nursing. Miss Grace Cameron (1932) proposed the toast to the Graduating Classes and made a plea for their interest in Alumnae membership. The Rev. D. T. Owen, Bishop of Toronto, who with Mrs. Owen was an honoured guest, gave an earnest and thoughtful address on "Idealism", of which he said each listener must make her own definition. This jolly reunion each year is made possible through arrangements made by Mrs. Clissold (1923), who is also a member of the Granite Club.

TORONTO: Miss Ethel Cryderman of the Victorian Order of Nurses for Canada, conducted a very successful Maternal Care Institute, held at the Toronto General Hospital on April 6 and 7, twenty nurses being registered for the sessions. The ground covered included: General Aspects of the Problem of Maternal Care; Hygiene of Pregnancy; Preparation for and Technique of Breast Feeding; Classes for Expectant Mothers; Delivery and Post-Partum Care in the home (with demonstration given by Miss Muriel Winter, V.O.N., Toronto Branch); Exhibit of clothing and equipment for expectant mothers. At the two evening meetings, Miss Marjorie Bell, Directress of the Visiting Housekeepers Associations, spoke on "The Nutrition of Pregnancy", and Miss Elizabeth Smellie, Chief Superintendent of the Victorian Order of Nurses for Canada, gave an address entitled "Some Aspects of Maternal Care Work in Europe". This is the second Institute made possible through the sponsorship of the Maternal Care Committee of the Community Health Association of Greater Toronto under convenership of Miss Alice Thompson.

DISTRICT 7

KINGSTON: The annual meeting of the Registered Nurses' Association of Ontario, District No. 7, was held at the Kingston General Hospital on March 17, with fifty-five

members present. The officers for the year were elected. It was interesting to note that the quota for the permanent educational fund was again paid in full by District No. 7. At the conclusion of the business meeting the members adjourned to the reception room where a delightful tea was served by Miss A. Baillie and the nursing staff of the Kingston General Hospital. After tea the nurses reassembled in the classroom and an interesting illustrated talk on "Sir Walter Scott" was given by Dr. James Miller of Queen's University. On March 3, the Hon. Dr. Robb, Provincial Minister of Health, opened the Cancer Clinic established in the Kingston General Hospital. An open meeting was held in the evening and addresses were given by Dr. Robb and Dr. McCullough, Provincial Officer of Health. The following graduates of class 1932, Kingston General Hospital, are doing post-graduate work in that hospital: Miss Hazel O'Grady, Miss Lillian Wagar, Miss Helen Spafford, Miss Elsie Duncan, Miss Margaret Howes and Miss Gladys Rowdon.

Miss Beulah Shannon, Miss Geraldine Fraser, Miss Irene Campbell and Miss Josephine Dobbin, graduates of the Kingston General Hospital Training School, are doing general duty at the Ontario Hospital, Kingston. Miss Sylvia Howard and Miss Bessie Bell, graduates of Kingston General Hospital, are doing general duty at Gravenhurst Hospital.

DISTRICT 8

OTTAWA: The Central Registry of the Graduate Nurses of Ottawa has completed another very active year. The Executive Committee held meetings monthly, except during the summer, and all were well attended. Since the R.N.A.O. convention was held in Ottawa in April 1932, the Central Registry made a financial contribution towards the expenses as well as appointing a delegate. Three delegates were sent to The Canadian Nurses Association Convention in June 1932. The Executive Committee consists of two representatives from each Alumnae Association, viz: Ottawa Civic Hospital; Ottawa General Hospital; St. Luke's General Hospital; Lady Stanley Institute; outside hospital graduates and an advisory board consisting of the Superintendents of each hospital. Applications for membership must be approved by the Committee before acceptance. Members are encouraged to air any grievances through their alumnae representatives. The officers for 1933 are: President, Miss Amy Brady; Vice-President, Miss Evelyn Allen; Secretary, Miss Inda Kemp; Recording Secretary, Miss Nellie Lovering; Registrar, Miss L. M. Morgan.

OTTAWA: Over five hundred guests enjoyed the annual dance of the Nurses' Alumnae Association of the Ottawa Civic Hospital, held in the Chateau Laurier on Feb. 17. The members and their friends were received by

Mrs. Murray McLaren, Mrs. C. A. Young, Mrs. J. J. Allen, Miss Gertrude Bennett, and the President, Miss Edna Osborne. During the past two months the Alumnae Association has been fortunate in having as guest-speakers at the monthly meeting, Rev. Horace Watt, member of the Canadian Missionary Society in Japan, now on furlough in Ottawa, and Dr. James Coupland of Ottawa, who gave an interesting and instructive address on "Dental Caries".

DISTRICT 8

Nurses of District No. 8 are looking forward with pleasure to the next meeting, which will be held in Cornwall on May 27. We are fortunate in securing as our guest-speakers, Miss Ethel Johns, Editor of *The Canadian Nurse*, and Miss Eileen Flannigan of Montreal. Reports will also be read from the Provincial Convention.

DISTRICT 9

NORTH BAY: A business meeting of District 9, R.N.A.O., was held at St. Joseph's Hospital, on March 24, for the purpose of discussion concerning private nurses' fees and hours on duty. The following conveners of committees were appointed: Flower and Visiting Committee, Misses Mary Brannan and Blanche Sutton; Permanent Education Fund, Miss Etta Horner; Publications and Canadian Nurse, Miss Ethyle Shannon. Plans were made for a semi-annual meeting at Gravenhurst Sanitarium. On March 24, a bridge and dance was held in the Masonic Temple at North Bay.

DISTRICT 10

FORT WILLIAM: The regular monthly meeting of the R.N.A.O. District 10, was held on April 6, with Mrs. F. W. Edwards presiding. After a short business meeting Dr. L. D. Wilson gave a very interesting address on cancer. A social hour was then enjoyed.

QUEBEC

MONTREAL: The Western Hospital Nurses' Alumnae Association entertained on February 22 at the Ritz-Carlton Hotel, at a reception and dinner in honor of their Honorary President, Miss Jane Craig, who organized the Association and through her interest has kept it active. Miss Craig recently resigned her position as Lady Superintendent of the former Western Hospital, now known as the Western Division of the Montreal General Hospital, which position she held for many years. Miss Birch, the President, along with Miss Craig and other officers, received the guests in the Blue Room, going later to the Vice-Regal Suite, where 80 guests sat down to dinner at charmingly arranged tables. The toast to "The King" was proposed by Miss Sutton, "Our Guest" by Miss Olga Lilly, and was responded to by Miss Craig in the gracious and charming manner which has endeared her to all. The toast to "Alma Mater" was

responded to by Miss Muriel McKee, Superintendent of the Brantford General Hospital, and to "Our Absent Members" by Miss Crossley. At the close of the dinner several of the doctors arrived to pay their respects to Miss Craig and again speeches were in order, which showed the esteem in which the guest of honour is held by the medical profession. A toast was proposed to "The Doctors" and one to Mr. John C. Newman, formerly President of the Board of Directors of the Western Hospital, who was also present. A buffet supper was served, featuring a birth-day cake in honour of the anniversary of Miss Craig's graduation from St. Luke's Hospital, Chicago, which, by a happy coincidence, occurred on February 22 and determined the Association's choice of a date for doing honour to Miss Craig. A pleasing programme was carried out during the evening, consisting of vocal solos by Miss Violet Cross, and piano selections. Doctor R. H. Craig gave a reading from the poems of Doctor W. H. Drummond. Many graduates of the Western came from out-of-town for the occasion, and Miss Marjorie Reyner is being congratulated on the success of an event which proved so delightful to all.

MONTREAL: Miss Alice Adlington (Children's Memorial Hospital) has returned from Half-Way-Tree, Jamaica. Miss Margaret Watson of Springfield, Mass., spent a few days in the city recently.

WESTMOUNT: The annual meeting of the Alumnae Association of the Women's General Hospital was held on January 18, when officers were elected for the coming year. The members expressed sincere regret at the serious illness of Miss F. George, Honorary President of the Alumnae and Lady Superintendent of the Training School. During the past year very interesting lectures were given by Dr. Maude Abbott, Dr. Chase, and Dr. Mendel. The sympathy of the members is extended to Mrs. M. McCutcheon (Rose Benson 1925) in her recent sad bereavement by the death of her husband.

QUEBEC: The regular monthly meeting of the Jeffery Hale's Hospital Alumnae Association was held April 3. Following the business meeting, Miss E. McHarg, Operating Room Supervisor, gave a very interesting

talk and demonstration of newer surgical appliances in the Operating Room. Mrs. Melling (Miss McRae, Class 1921) has taken charge of the Douglas Building in place of Miss Riglar who has been relieving there temporarily. Miss C. E. Armour, Lady Superintendent of our hospital, is now recuperating after her recent illness. Miss F. L. Imrie, Superintendent of Cameron Maternity Ward, is also recovering from a recent illness. Miss Le Mesurier, who has been ill with pneumonia, is recovering. We regret to hear that Mrs. Johnson of La Tuque is still sick and we wish her a speedy recovery. A bridge of about 50 tables was held recently in aid of the Sick Nurses' Benefit Fund. The bridge, which proved to be a great success, was under the convenship of Mrs. S. Barrow, assisted by a very able committee. Miss F. Ascah, Supervisor of the men's medical and surgical wards, is spending her vacation at her home in Peninsula, Gaspe. Miss Bessie Richardson, Lady Superintendent of the Joyce Memorial Hospital, Shawinigan Falls, recently visited friends in this city. The sympathy of the Alumnae Association is extended to Mrs. Wilkin (Gladys Waldron, Class 1923) in her recent sad bereavement.

SASKATCHEWAN

MOOSE JAW: The following nurses were successful in the recent provincial examinations: Miss A. Carr, Miss M. McDonald, Miss J. Curdmer, of Providence Hospital, Miss Wiseman, Miss Drewery, Miss A. McDonald, Miss Young, Miss Dunlop of the General Hospital. The new schedule of fees set by the Moose Jaw Registered Nurses Association is as follows: 8 hour duty, \$3.00; 12 hour duty, \$4.00; 24 hour duty, \$5.00; weekly duty, \$25.00; monthly duty, \$80.00; hourly duty, first hour 75 cents, each additional hour 50 cents.

A very enjoyable evening was spent at the Providence Hospital when nurses-in-training entertained about thirty guests at a Valentine social. In compliment to the 1933 Graduating Nurses, the nurses-in-training of the General Hospital entertained at the nurses residence on March 10. The evening was spent in bridge and dancing.

OBITUARY

CROFT—Suddenly in Belleville General Hospital, Beatrice Croft (Class 1932, Kingston General Hospital), on Monday, April 3, 1933.

GILBERT—In Detroit, Mich., on March 23, 1933, Harriet M. Ellerbeck (Class 1922, Kingston General Hospital), beloved wife of Irvin Gilbert.

OFF DUTY

Life for us is one new department after another . . . this month it is Letters to the Editor . . . some of our nursing colleagues . . . are threatening to take pen in hand . . . and tell us all about it . . . we are sharpening our blue pencils . . . in case they do . . . not but what some letters are mighty encouraging . . . we got several . . . assuring us that the new blue cover is grand . . . that was nice . . . but our big moment really came . . . when an advertiser signed on the dotted line . . . and a private duty nurse said . . . she read us from cover to cover . . . this happened all on one day . . . then a literary friend . . . took the starch out of us by saying . . . well, it does look a little less like the Iron Age or the Blacksmith's Anvil . . . but you have a long way to go yet . . . before the Atlantic Monthly need fear competition . . . still you are on your way . . . which, of course, is something . . . literary friends are like that . . . it is the life that does it . . . printers have a depressing effect on us, too . . . we asked one to criticize the April issue . . . it is not so bad, said he . . . except that Off Duty page . . . that set-up is awful . . . so we are trying another . . . we strive to please everybody . . . even the printer . . . which is absurd . . .

SPECIAL CLUB RATES FOR STUDENT NURSES

There has always been an element of adventure in the practice of nursing. In these difficult days it is important that student nurses should know something of the changes and developments which are taking place all over Canada. They constitute a challenge to those who wish to achieve success in a highly competitive field. *The Canadian Nurse* tells you what is going on in every branch of nursing. Read *The Canadian Nurse* and write for it. Its pages are always open to contributions from student

nurses. Share your interesting experiences with others.

A special club rate is offered to groups of ten or more student nurses who are associated with any one hospital. The reduced annual subscription rate is \$1.50 per student, and is not transferable. The *Journals* will be mailed to the hospital concerned, and addresses cannot be changed. The Director of the School of Nursing is requested to give assurance that the members of the group are actually in training.

Official Directory

International Council of Nurses:

Secretary, Miss Christiane Reimann, 14 Quai des Eaux-Vives, Geneva, Switzerland.

CANADIAN NURSES' ASSOCIATION

Officers

Honorary President	Miss M. A. Snively, General Hospital, Toronto, Ont.
President	Miss F. H. M. Emory, University of Toronto, Toronto, Ont.
First Vice-President	Miss R. M. Simpson, Parliament Bldgs., Regina, Sask.
Second Vice-President	Miss G. M. Bennett, Ottawa Civic Hospital, Ottawa, Ont.
Honorary Secretary	Miss Nora Moore, City Hall, Room 309, Toronto, Ont.
Honorary Treasurer	Miss M. Murdoch, St. John General Hospital, Saint John, N.B.

COUNCILLORS AND OTHER MEMBERS OF EXECUTIVE COMMITTEE

Numerals preceding names indicate office held viz: (1) President, Provincial Nurses Association; (2) Chairman, Nursing Education Section; (3) Chairman, Public Health Section; (4) Chairman, Private Duty Section.

Alberta: (1) Miss F. Munroe, Royal Alexandra Hospital, Edmonton; (2) Miss J. Connal, General Hospital, Calgary; (3) Miss B. A. Emerson, 604 Civic Block, Edmonton; (4) Miss Phyllis Gilbert, 113 25th Ave. W., Calgary.

British Columbia: (1) Miss M. P. Campbell, 516 Vancouver Block, Vancouver; (2) Miss M. F. Gray, Dept. of Nursing, University of British Columbia, Vancouver; (3) Miss M. Kerr, 946 20th Ave. West, Vancouver; (4) Miss E. Franks, Ste. 5, Tudor Manor, 1035 Fairfield Rd., Victoria, B.C.

Manitoba: (1) Miss Jean Houston, Manitoba Sanatorium, Ninette; (2) Miss M. C. Macdonald, 668 Bannatyne Ave., Winnipeg; (3) Miss A. Laporte, St. Norbert; (4) Miss K. McCallum, 181 Enfield Crescent, Norwood.

New Brunswick: (1) Miss A. J. MacMaster, Moncton Hospital, Moncton; (2) Sister Corinne Kerr, Hotel Dieu Hospital, Campbellton; (3) Miss Ada Burns, Health Centre, Saint John; (4) Miss Mabel McMullen, St. Stephen.

Nova Scotia: (1) Miss Anne Slattery, Box 173, Windsor, (2) Miss Elizabeth O. R. Browne, 612 Dennis Bldg., Halifax; (3) Miss A. Edith Fenton, Dalhousie Health Clinic, Morris St., Halifax; (4) Miss Jean S. Trivett, 71 Cobourg Road, Halifax.

Executive Secretary: Miss Jean S. Wilson, National Office, 1411 Crescent St., Montreal, P.Q.

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CHAIRMAN: Miss G. M. Fairley, Vancouver General Hospital, Vancouver; **VICE-CHAIRMAN:** Miss M. F. Gray, University of British Columbia, Vancouver; **SECRETARY:** Miss E. F. Upton, Suite 221, 1396 St. Catherine St. West, Montreal; **TREASURER:** Miss M. Blanche Anderson, Ottawa Civic Hospital, Ottawa; **COUNCILLORS:—Alberta:** Miss J. Connal, General Hospital, Calgary. **British Columbia:** Miss M. F. Gray, University of British Columbia, Vancouver. **Manitoba:** Miss M. C. Macdonald, 668 Bannatyne Ave., Winnipeg. **New Brunswick:** Sister Corinne Kerr, Hotel Dieu, Campbellton. **Nova Scotia:** Miss Elizabeth O. R. Browne, 612 Dennis Bldg., Halifax. **Ontario:** Miss Constance Brewster, General Hospital, Hamilton. **Prince Edward Island:** Miss M. Lavers, Prince Co. Hospital, Summerside. **Quebec:** Miss Martha Batson, Montreal General Hospital, Montreal. **Saskatchewan:** Miss G. M. Watson, City Hospital, Saskatoon. **CONVENER OF PUBLICATIONS:** Miss Mildred Reid, Winnipeg General Hospital, Winnipeg.

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Prince Edward Island: (1) Miss Lillian Pidgeon, Prince Co. Hospital, Summerside; (2) Miss F. Lavers, Prince Co. Hospital, Summerside; (3) Miss I. Gillan, 59 Grafton St., Charlottetown; (4) Miss M. Gamble, 51 Ambrose St., Charlottetown.

Quebec: (1) Miss C. V. Barrett, Royal Victoria Hospital, Montreal; (2) Miss Martha Batson, Montreal General Hospital, Montreal; (3) Miss Marion Nash, 1246 Bishop Street, Montreal; (4) Miss Sara Matheson, Apt. 24, 2151 Lincoln Ave., Montreal.

Saskatchewan: (1) Miss Elizabeth Smith, Normal School, Moose Jaw; (2) Miss G. M. Watson, City Hospital, Saskatoon; (3) Mrs. E. M. Feeny, Dept. of Public Health, Parliament Bldgs, Regina; (4) Miss M. R. Chisholm, 805 7th Ave. N., Saskatoon.

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Provincial Associations of Registered Nurses

ALBERTA

Alberta Association of Registered Nurses

President, Miss F. Munro, Royal Alexandra Hospital, Edmonton; First Vice-President, Mrs. de Satge, Holy Cross Hospital, Calgary; Second Vice-President, Miss S. Macdonald, General Hospital, Calgary; Secretary-Treasurer, Miss Kate S. Brighty, Administration Building, Edmonton; Nursing Education Section, Miss J. Connal, General Hospital, Calgary; Public Health Section, Miss B. A. Emerson, 604 Civic Block, Edmonton; Private Duty Section, Miss Phyllis Gilbert, 113 25th Ave. W., Calgary.

BRITISH COLUMBIA

Graduate Nurses' Association of British Columbia

President, Miss M. P. Campbell, R.N., 516 Vancouver Block, Vancouver; First Vice-President, Miss E. Breeze, R.N., 4662 Angus Ave., Vancouver; Second Vice-President, Miss G. Fairley, R.N., Vancouver General Hospital, Vancouver; Registrar, Miss Helen Randal, R.N., 516 Vancouver Block, Vancouver; Secretary, Miss M. Dutton, R.N., 516 Vancouver Block, Vancouver; Conveners of Committees: Nursing Education, Miss M. F. Gray, R.N., University of British Columbia, Vancouver; Public Health, Miss M. Kerr, R.N., 946 20th Ave. West, Vancouver, B.C.; Private Duty, Miss E. Franks, R.N., Ste. 5, Tudor Manor, 1035 Fairfield Rd., Victoria; Councillors, Mrs. P. Kirkness, R.N., Misses J. Archibald, R.N., M. Duffield, R.N., L. McAllister, R.N.

MANITOBA

Manitoba Ass'n of Registered Nurses

President, Miss Jean Houston, Ninette, Man.; 1st Vice-President, Miss M. Reid, Nurses Home, W.G.H. Winnipeg; 2nd Vice-President, Miss Christine McLeod, General Hospital, Brandon; 3rd Vice-President, Sister Krause, St. Boniface Hospital Board Members: Misses M. Lang, K. W. Ellis, C. Taylor, I. McDiarmid, M. Meehan, E. Shirley, E. Carruthers, K. McLearn, Sister Superior, Misericordia Hospital; Sister St. Albert, St. Joseph's Hospital; Miss J. Purvis, Portage la Prairie, General Hospital. Conveners of Sections: Nursing Education Section, Miss M. C. Macdonald, Central T. B. Clinic, 668 Bannatyne Ave., Winnipeg; Public Health Section, Miss A. Laporte, St. Norbert, Man.; Private Duty Section, Miss K. McCallum, 181 Enfield Crescent, Norwood, Man. Conveners of Committees: Legislative Committee, Miss C. Taylor; Directory Committee, Miss E. Carruthers; Social and Programme, Miss C. Billyard; Sick Visiting, Mrs. J. R. Hall; Treasurer and Registrar: Mrs. Stella Gordon Kerr, 753 Wolesey Ave., Winnipeg.

NEW BRUNSWICK

New Brunswick Association of Registered Nurses

President, Miss A. J. MacMaster, Moncton Hospital; First Vice-President, Miss Margaret Murdoch, Saint John General Hospital; Second Vice-President, Mrs. A. G. Woodcock, Victoria Public Hospital, Fredericton; Honorary Secretary, Sister Kenny, Hotel Dieu Hospital, Chatham; Conveners—Nursing Education Section: Sister Kerr, Hotel Dieu Hospital, Campbellton; Public Health Section: Miss Ada A. Burns, Health Centre, Saint John; Private Duty Section: Miss Mabel McMullin, St. Stephen; Constitution and By-Laws, Miss Sarah Brophy, Fairville, N.B.; Canadian Nurse, Miss Kathleen Lawson, 84 Wright St., St. John; Council Members, Saint John, Miss Dykeman, Miss Coleman, Moncton, Miss Myrtle Kay, Woodstock, Miss Elsie M. Tulloch, Secretary-Treasurer-Registrar, Miss Maude E. Retallick, 262 Charlotte St., West St. John.

NOVA SCOTIA

Registered Nurses Association of Nova Scotia

President, Miss Anne Slattery, Windsor; First Vice-President, Miss Victoria Winslow, Children's Hospital, Halifax; Second Vice-President, Miss Ethel Grant, Infectious Diseases Hospital, Halifax; Third Vice-President, Miss Gertrude MacKenzie, 58½ Lemarchant St., Halifax; Recording Secretary, Mrs. Donald Gillis, 123 Vernon St., Halifax; Corresponding Secretary, Treasurer and Registrar, Miss L. F. Fraser, 10 Eastern Trust Bldg., Halifax.

ONTARIO

Registered Nurses Association of Ontario (Incorporated 1925)

President, Miss Mary Millman, 126 Pape Ave., Toronto; First Vice-President, Miss Marjorie Buck, Norfolk General Hospital, Simcoe; Second Vice-President, Miss Priscilla Campbell, Public General Hospital, Chatham; Secretary-Treasurer, Miss Matilda E. Fitzgerald, 380 Jane St., Toronto; District No. 1: Chairman, Miss Priscilla Campbell, Public General Hospital, Chatham; Secretary-Treasurer, Miss Lila Curtis, 78 Forest St., Chatham; Districts Nos. 2 and 3: Chairman, Miss Jessie M. Wilson, General Hospital, Brantford; Secretary-Treasurer, Miss Edith Jones, 253 Grenwick St., Brantford; District No. 4: Chairman, Miss Constance Brewster, General Hospital, Hamilton; Secretary-Treasurer, Mrs. Norman Barlow, 211 Stinson St., Hamilton; District No. 5: Chairman, Miss Dorothy Mickleborough, 169 College St., Toronto; Secretary-Treasurer, Miss Irene Weirs, 198 Manor Road E., Toronto; District No. 6: Chairman, Miss Rebecca Bell, General Hospital, Port Hope; Secretary-Treasurer to be appointed; District No. 7: Chairman, Miss Louise D. Acton, General Hospital, Kingston; Secretary-Treasurer, Miss Evelyn Freeman, General Hospital, Kingston; District No. 8: Chairman, Miss Dorothy Percy, 434 Queen St., Ottawa; Secretary-Treasurer, Miss A. G. Tanner, Civic Hospital, Ottawa; District No. 9: Chairman, Miss Katherine Mackenzie, 235 First Ave. E., North Bay; Secretary-Treasurer, Miss Robena Buchanan, 197 First Ave. E., North Bay; District No. 10: Chairman, Mrs. M. Edwards, 226 N. Harold St., Fort William; Secretary-Treasurer, Miss Ethel Stewardson, McKellar General Hospital, Fort William.

District No. 8 Registered Nurses Association of Ontario

Chairman: Miss D. M. Percy, Vice-Chairman: Miss M. B. Anderson; Secretary-Treasurer, Miss A. G. Tanner, Ottawa Civic Hospital; Councillors, Misses E. C. McIlraith, M. Graham, M. Slinn, A. Brady, M. Robertson, R. Primrose; Conveners of Committees, Membership, Miss E. Rochon; Publications, Miss E. C. McIlraith; Nursing Education, Miss M. E. Acland; Private Duty, Miss J. L. Church; Public Health, Miss M. Robertson.

District 10, Registered Nurses Association of Ontario

Chairman: Mrs. F. M. Edwards; Vice-Chairman, Miss V. Lovelace; Secretary-Treasurer, Miss E. Stewardson, McKellar Hospital, Fort William; Councillors: Nurse Education, Miss B. Bell; Publication, Miss Robinson; Private Duty, Miss Elliott; Public Health, Miss Hamilton; Membership, Miss Chivers-Wilson and Miss Flannigan.

QUEBEC

Association of Registered Nurses of the Province of Quebec (Incorporated 1920)

Advisory Board, Misses Mary Samuel, L. C. Phillips, M. F. Hersey, Bertha Harmer, M. A. Mabel Clint, Rev. Mere M. A. Allaire, Rev. Sœur Augustine;

President, Miss Caroline V. Barrett, Royal Victoria Montreal Maternity Hospital; Vice President (English), Miss Margaret Moag, V.O.N., 1246 Bishop Street, Montreal; Vice-President (French), Rev. Soeur Allard, Hotel-Dieu de St. Joseph, Montreal; Hon. Secretary, Miss Elsie Alder, Royal Victoria Hospital; Hon. Treasurer, Miss Marion E. Nash, V.O.N., 1246 Bishop Street, Montreal. Other members: Miss Mabel K. Holt, The Montreal General Hospital, Mademoiselle Edna Lynch, Nursing Supervisor, Metropolitan Life Insurance Co., Montreal, Miss Sara Matheson, Apt. 24, 2151 Lincoln Ave., Miss Charlotte Nixon, 2276 Old Orchard Ave., Montreal, Rev. Soeur St. Jean-de-l'Eucharistie, Hopital Notre Dame, Montreal. Conveners of Sections: Private Duty (English), Miss Sara Matheson, Apt. 24, Haddon Hall Apts., 2151 Lincoln Ave., Montreal; (French) Mlle Alice Lepine, Hopital Notre Dame, Montreal; Nursing Education (English) Miss Martha Batson, The Montreal General Hospital, (French) Rev. Soeur Augustine, Hopital St. Jean-de-Dieu, Gamelin, P.Q.; Public Health, Miss Marian Nash, V.O.N., Bishop Street, Montreal; Board of Examiners, Miss C. V. Barrett (Convener), Royal Victoria Maternity Hospital, Montreal, Mme R. D. Bourque, Universite de Montreal (Ecole d'Hygiene Appliquee), Melles Edna Lynch, Apt. 3, 4503 rue

St-Denis, Montreal, Laura Senecal, Hopital Notre Dame, Misses Aita Sutcliffe, 4635 Queen Mary Road, Montreal, Marion Lindeburgh, School for Graduate Nurses, McGill University, Montreal, Olga V. Lilly, Royal Victoria Montreal Maternity Hospital, Montreal; Executive Secretary, Registrar and Official School Visitor: Miss E. Frances Upton, Suite 221, 1396 St. Catherine St. W., Montreal.

SASKATCHEWAN

Saskatchewan Registered Nurses Association (Incorporated March, 1927)

President, Miss Elizabeth Smith, Normal School, Moose Jaw; First Vice-President, Miss R. M. Simpson, Department of Public Health, Regina; Second Vice-President, Miss M. McGill, Normal School, Saskatoon; Councillors, Sister Mary Raphael, Providence Hospital, Moose Jaw, Miss G. M. Watson, City Hospital, Saskatoon; Conveners of Standing Committees: Nursing Education, Miss G. M. Watson, City Hospital, Saskatoon; Public Health, Mrs. E. M. Feeny, Department of Public Health, Regina; Private Duty, Miss M. R. Chisholm, 805 7th Ave. N., Saskatoon; Secretary-Treasurer and Registrar, Miss E. E. Graham, Regina College, Regina.

Associations of Graduate Nurses

ALBERTA

Calgary Association of Graduate Nurses

Hon. President Dr. H. A. Gibson; President, Miss P. Gilbert; First Vice-President, Miss K. Lynn; Second Vice-President, Miss F. Shaw; Recording Secretary, Mrs. F. V. Kennedy; Corresponding Secretary, Miss K. Shore; Treasurer, Miss M. Watt; Convener Private Duty Section, Miss P. Gilbert; Registrar, Miss D. Mott, 2219 2nd St. W.

Edmonton Association of Graduate Nurses

President, Miss Ida Johnson; First Vice-President, Miss P. Chapman; Second Vice-President, Miss E. Fenwick; Recording Secretary, Miss Violet Chapman; Press and Corresponding Secretary: Miss Clow, 11138 Whyte Ave., Edmonton; Treasurer, Miss M. Staley, 9838-108th St., Edmonton; Registrar, Miss Sproule, 11138 Whyte Ave., Edmonton.

Medicine Hat Graduate Nurses Association

President, Miss M. Hagerman; First Vice-President, Miss Gilchrist; Second Vice-President, Miss J. Jorgenson; Secretary, Miss May Reid, Nurses' Home; Treasurer, Miss F. Ireland, 1st St.; Medicine Hat; Committee Conveners: New Membership, Mrs. C. Wright; Flower, Mrs. M. Tobin; Private Duty Section, Mrs. Chas. Pickering; Correspondent, "The Canadian Nurse", Miss F. Smith. Regular meeting first Tuesday in month.

BRITISH COLUMBIA

Nelson Graduate Nurses Association

Hon. President, Miss K. E. Gray, Superintendent, Kootenay Lake General Hospital; President, Mrs. J. P. Gussin; First Vice-President, Miss M. Madden; Second Vice-President, Miss P. Gausner; Third Vice-President, Miss A. Houston; Secretary-Treasurer, Miss M. McLeod, Box 905, Nelson, B.C.

Vancouver Graduate Nurses Association

President, Miss K. Sanderson, 1310 Jervis St., Vancouver; First Vice-President, Miss M. D. MacDermot, Preventorium, 2755-21st Ave. E., Vancouver; Second Vice-President, Miss J. Davidson; Secretary, Miss F. H. Walker, General Hospital, Vancouver; Treasurer, Miss L. G. Archibald, 536-12th Ave. W., Vancouver; Council, Misses G. M. Fairley, M. F. Gray, M. Duffield, J. Johnston, J. Kilburn; Conveners of Committees: Finance, Mrs. Farrington; Directory, Miss M. I. Teulon; Social, Miss M. I. Hall; Programme, Miss G. Archibald; Sick Visiting, Miss C. Cooper; Membership, Miss M. Mirfield; Local Council of Women, Misses M. F. Gray, M. Duffield; Press, Mrs. D. K. Simms.

Victoria Graduate Nurses Association

Hon. Presidents, Miss L. Mitchell, Sister Superior Ludovic; President, Miss E. J. Herbert; First Vice-President, Miss D. Frampton; Second Vice-President, Miss C. McKenzie; Secretary, Miss I. Helgesen; Treasurer, Miss W. Cooke; Registrar, Miss E. Franks, 1035 Fairfield Road, Victoria; Executive Committee, Miss E. B. Strachan, Miss H. Cruikshanks, Miss E. McDonald, Miss C. Kenny, Miss E. Cameron.

MANITOBA

Brandon Graduate Nurses Association

Hon. President, Miss E. Birtles; Hon. Vice-President, Mrs. W. H. Shillinglaw; President, Miss M. K. Finlayson; First Vice-President, Miss J. Anderson; Second Vice-President, Miss H. Ward; Secretary, Miss J. A. Munro, 243 12th Street; Treasurer, Miss E. G. McNally, General Hospital; Conveners of Committees: Social and Programme, Mrs. S. J. S. Pierce; Sick and Visiting, Miss A. Bennett; Welfare Representative, Mrs. R. Darrach; Press Reporter, Miss D. Longley; Cook Book, Mrs. A. Kains; Registrar, Miss C. M. MacLeod.

ONTARIO

Graduate Nurses Association, Kitchener and Waterloo

President, Miss K. W. Scott; First Vice-President, Mrs. Wm. Noll; Second Vice-President, Miss K. Grant; Secretary, Miss A. E. Bingeman, Freeport Sanatorium; Treasurer, Mrs. Wm. Knell, 41 Ahrens St. W.; Representative, "The Canadian Nurse", Miss E. Hartleib.

Graduate Nurses Alumnae, Welland

Hon. President, Miss E. Smith, Superintendent, Welland General Hospital; Hon. Vice-President, Miss M. Hall, Welland General Hospital; President, Miss D. Saylor; Vice-President, Miss B. Saunders; Secretary, Miss M. Rinker, 28 Division St.; Treasurer, Miss B. Eller; Executive, Misses M. Peddie, M. Tufts, B. Clothier and Mrs. P. Brasford.

QUEBEC

Graduate Nurses Association of the Eastern Townships

Hon. President, Miss V. Beane; President, Miss H. Hetherington; First Vice-President, Miss G. Dwane; Second Vice-President, Miss N. Arguin; Recording Secretary, Miss P. Gustafson; Corresponding Secretary, Miss M. Mason, 151a London St., Sherbrooke, P.Q.; Treasurer, Miss M. Robins; Representative, Private Duty Section, Miss M. Morrisette; Representative, "The Canadian Nurse", Miss C. Hornby, Box 324, Sherbrooke, P.Q.

Montreal Graduate Nurses' Association

Hon. President, Miss L. C. Phillips; President, Miss Christine Watling, 1230 Bishop Street; First Vice-President, Miss Sara Matheson; Second Vice-President, Mrs. A. Stanley; Secretary-Treasurer and Night Registrar, Miss Ethel Clark, 1230 Bishop Street; Day Registrar, Miss Kathleen Bliss; Relief Registrar, Miss H. M. Sutherland; Convener Griffin-town Club, Miss G. Colley. Regular Meeting, Second Tuesday of January, first Tuesday of April, October and December.

SASKATCHEWAN**Moose Jaw Graduate Nurses Association**

Hon. Advisory President, Miss Cora Keir; Hon. President, Miss Beth Smith; President, Mrs. M. Young; First Vice-President, Miss M. Armstrong; Second Vice-President, Miss L. French; Secretary-Treasurer, Miss F. Caldwell, 262 Athabasca E.; Registrar, Miss C. Keir; Conveners of Committees: Nursing Education, Miss Laet; Private Duty, Miss Wallace; Constitution and By-laws, Miss Lamond; Programme, Miss G. Taylor; Sick and Visiting, Miss McIntyre; Social, Miss Lowry; "The Canadian Nurse", Miss M. McQuarrie; Press Representative, Mrs. Philips.

Alumnae Associations**ALBERTA****A.A., Royal Alexandra Hospital Edmonton**

Hon. President, Miss F. Munroe; President, Mrs. Scott Hamilton; First Vice-President, Miss V. Chapman; Second Vice-President, Mrs. C. Chinnack; Recording Secretary, Miss G. Allyn; Corresponding Secretary, Miss A. Oliver, Royal Alexandra Hospital; Treasurer, Miss E. English, Suite 2, 10014 112 Street.

A.A., Holy Cross Hospital, Calgary

President, Mrs. L. de Satge; Vice-President, Miss A. Willison; Recording Secretary, Miss E. Thom; Corresponding Secretary, Miss P. N. Gilbert; Treasurer, Miss S. Craig; Honorary Members, Rev. Soeur St. Jean de l'Eucharistie, Miss M. Brown.

A.A., Lamont Public Hospital

Hon. President, Mrs. R. E. Harrison; President, Miss M. Boutillier; Vice-President, Miss L. Wright; Secretary-Treasurer, Mrs. C. Craig, Namao, Alta.; Corresponding Secretary, Miss F. E. C. Reid, Box 84, Innisfree, Alta.; Social Committee, Mrs. G. Harold, Mrs. M. Alton.

BRITISH COLUMBIA**A.A., St. Paul's Hospital, Vancouver**

Hon. President, Rev. Sister Superior; Hon. Vice-President, Sister Therese Amable; President, Miss B. Berry; Vice-President, Miss K. Flahiff; Secretary, Miss F. Treavor; Assistant Secretary, Miss M. Johnson; Secretary-Treasurer, Miss L. Elizabeth Otterbine; Executive, Misses M. Briggs, V. Dyer, K. Withyman, Ethel Carter, and I. Kent.

A.A., Vancouver General Hospital

Hon. President, Miss Grace Fairley; President, Mrs. G. E. Gillies; First Vice-President, Miss J. Hardy; Second Vice-President, Miss E. Erskine; Secretary Mrs. J. Jones, 3681 2nd Ave. W.; Assistant Secretary, Miss M. Grainger; Treasurer, Miss A. Geary, 3176 West 2nd Ave.; Committee Conveners—Programme, Miss C. Tretheway; Bond, Miss D. Bullock; Sick Visiting, Miss O. Shore; Sewing, Mrs. R. Gordon; Membership, Miss F. Verchere; Sick Benefit Fund, Miss I. McVicar; Representatives: Local Press, Mrs. R. Gordon; V.G.N.A., Miss Wilson.

A.A., Jubilee Hospital, Victoria

Hon. President, Miss L. Mitchell; President, Miss Jean Moore; First Vice-President, Mrs. Yorke; Second Vice-President, Miss J. Grant; Secretary, Mrs. A. Dowell, 30 Howe St.; Assistant Secretary, Miss J. Stewart; Treasurer, Miss C. Todd; Entertainment Committee, Miss I. Goward; Sick Nurse, Miss E. Newman.

MANITOBA**A.A., Children's Hospital, Winnipeg**

Hon. President, Miss M. B. Allan; President, Miss Catherine Day; First Vice-President, Miss Edith Jarrett; Secretary, Miss Elsie Fraser, Children's Hospital, Winnipeg; Treasurer, Miss M. Hughes, 15 Mount Royal Apts., Winnipeg; Sick Visiting Committee, Miss M. Atkinson; Entertainment Committee, Mrs. Geo. Wilson.

A.A., St. Boniface Hospital, St. Boniface

Hon. President, Rev. Sr. Krause, St. Boniface Nurses Home; President, Miss Clara Miller, 825 Broadway, Wpg.; First Vice-President, Miss H. Stephen, 15 Ruth Apts., Maryland St., Wpg.; Second Vice-President, Miss M. Madill, F. Ashford Bldg., Wpg.; Secretary, Miss Jeannie Archibald, Shriners Hospital, Wpg.; Treasurer, Miss Etta Shirley, 14 King George Ct., Wpg.; Social Convener, Miss K. McCallum, 181 Enfield Cr., Norwood; Sick Visiting Convener, Miss B. Greville, 211 Hill St., Norwood; Rep. to Local Council of Women, Miss M. Rutley, 12 Eugenie Apts., Norwood; Representative to Press, Mrs. S. G. Kerr, 753 Wolseley Ave., Wpg.

A.A., Winnipeg General Hospital

Hon. President, Mrs. A. W. Moody, 97 Ash Street; President, Mrs. W. E. Harry, Winnipeg General Hospital; First Vice-President, Miss Emily Parker, 580 Broadway Avenue; Second Vice-President, Miss J. McDonald, Deer Lodge Hospital; Third Vice-President, Miss M. Cowie, Winnipeg General Hospital; Corresponding Secretary, Mrs. A. Swan, 20 Dalkeith Apts. Recording Secretary, Miss J. Landy, Winnipeg General Hospital; Treasurer, Miss M. Macdonald, Central T. B. Clinic; Sick Visiting, Miss Jean Machray, Winnipeg General Hospital; Membership, Miss Helen Turner, 133 Spence Street; Programme, Miss A. Pearson, Winnipeg General Hospital; Editor of Journal, Miss Ruth Monk, 134 Westgate; Assistant Editor, Miss Grace Gourley, 230 Oxford Street; Business Manager, Miss E. Timlick, Winnipeg General Hospital.

ONTARIO**BELLEVILLE****A.A., Belleville General Hospital**

Hon. President, Miss Florence McIndoo; President, Miss M. A. Fitzgerald; Vice-President, Miss H. Molyneux; Secretary, Miss W. Almey; Treasurer, Miss B. Allen; Flower Committee, Miss H. Fitzgerald; Social Committee, Miss E. Wright; Representative to "The Canadian Nurse", Miss V. Humphries.

BRANTFORD**A.A., Brantford General Hospital**

Hon. President, Miss E. Muriel McKee, Superintendent; President, Miss K. Charnley; Vice-President, Miss G. Turnbull; Secretary, Miss H. D. Muir, Brantford General Hospital; Assistant Secretary, Miss V. Buckwell; Treasurer, Miss L. Gillespie, Gen'l Hospital,

Brantford; Social Convener, Mrs. D. A. Morrison; Flower Committee, Mrs. E. Claridge, Miss F. Stewart; Gift Committee, Mrs. G. Andrews, Miss W. Laird; "The Canadian Nurse" and Press Representative, Miss D. Arnold; Chairman Private Duty Council, Miss E. M. Jones; Representative to Local Council of Women, Mrs. Reg. Hamilton.

BROCKVILLE

A.A., Brockville General Hospital

Hon. President, Miss A. L. Shannette; President, Mrs. H. B. White; First Vice-President, Miss M. Arnold; Second Vice-President, Miss J. Nicholson; Third Vice-President, Mrs. W. B. Reynolds; Secretary, Miss B. Beatrice Hamilton, Brockville General Hospital; Treasurer, Mrs. H. F. Vandusen, 65 Church St.; Representative to "The Canadian Nurse", Miss V. Kendrick.

CHATHAM

A.A., St. Joseph's Hospital

Hon. President, Mother Mary; Hon. Vice-President, Sister M. Consolata; President, Miss Mary Doyle, Vice-President, Miss Marian Kearns; Secretary-Treasurer, Miss Letty Pettypiece; Executives, Misses Hazel Gray, Jessie Ross, Lena Chauvin, I. Salmon, Representative The Canadian Nurse: Miss Ruth Winter; Representative District No. 1, R.N.A.O.: Miss Jean Lundy.

CORNWALL

A.A., Cornwall General Hospital

Hon. President, Mrs. J. Boldick; President, Miss Mary Fleming; First Vice-President, Miss Barbara Peterson; Second Vice-President, Miss H. C. Wilson; Secretary-Treasurer, Miss C. Droppo, Cornwall General Hospital; Representative to "The Canadian Nurse", Miss K. Burke.

GALT

A.A., Galt Hospital

President, Miss G. Rutherford; Vice-President, Mrs. F. L. Roelofson; Secretary, Miss L. MacNair, 91 Victoria Ave.; Treasurer, Miss A. McDonald; Flower Committee Convener, Miss E. Hyslop.

GUELPH

A.A., Guelph General Hospital

Hon. President, Miss S. A. Campbell, Supt. Guelph General Hospital; President, Miss C. S. Zeigler; First Vice-President, Miss D. Lambert; Second Vice-President, Miss M. Darby; Secretary, Miss N. Kenney; Treasurer, Miss J. Watson; Committees: Flower, Miss R. Speers, Miss I. Wilson; Social, Mrs. M. Cockwell (Convener); Programme, Miss E. M. Eby (Convener); Representative "The Canadian Nurse", Miss Marion Wood.

HAMILTON

A.A., Hamilton General Hospital

Hon. President, Miss E. C. Rayside, Hamilton General Hospital; President, Miss Helen Aitken; Vice-President, Mrs. Hess, 139 Wellington St.; Recording Secretary, Miss D. McRobbie, 9 Ontario Ave.; Corresponding Secretary, Miss E. Gayfer; Treasurer, Miss Helen Buhler, 549 Main St.; Secretary-Treasurer, Mutual Benefit Association, Miss D. Watson, 145 Emerald St. S.; Legal Adviser, Mr. F. F. Treleven; Executive Committee, Miss M. Buchanan (Convener), Mrs. M. Barlow, Misses J. Souter, Hannah, Livingstone, Helin; Programme Committee, Miss Dixon (Convener), Misses Murray, MacIntosh, Galloway, Bennett, Pegg; Flower and Visiting Committee, Miss M. Sturrock (Convener), Misses Squires and Burnett; Representatives to Local Council of Women, Miss Burnett (Convener), Mrs. Hess, Miss E. Buckbee, Miss C. Harley; Representative to R.N.A.O., Miss G. Hall; Representatives to Registry Committee, Misses A. Nugent (Convener), Burnett, I. MacIntosh, Florence Leadley, E. Davidson, Margaret Clark, I. Buscombe, H. Aitken, Binkley, Pegg; Representative to Women's Auxiliary, Mrs. Stephen; Representatives to "The Canadian Nurse" Misses Scheiffe, E. Bell, R. Burnett.

A.A., St. Joseph's Hospital, Hamilton

Hon. President, Mother Martina; President, Miss Eva Moran; Vice-President, Miss F. Nicholson, Secretary; Miss Mabel MacIntosh, 48 Locomotive Street; Treasurer, Miss M. Kelly, 43 Gladstone Avenue; Representative Canadian Nurse: Miss B. Cronin, 103 Augusta Street; Representative R.N.A.O.: Miss J. Morin.

KINGSTON

A.A., Hotel Dieu, Kingston

Hon. President, Rev. Sister Donovan; President, Mrs. W. G. Elder; Vice-President, Mrs. A. Hearn; Secretary, Miss Olive McDermott; Treasurer, Miss Genevieve Pelow; Executive, Mrs. L. Cochrane, Misses K. McGarry, M. Cadden, J. O'Keefe; Visiting Committee, Misses N. Speagle, L. Sullivan, L. La Rooque; Entertainment Committee, Mrs. R. W. Clarke, Misses N. Hickey, B. Watson.

A.A., Kingston General Hospital

Hon. President, Miss Louise D. Acton; President, Miss Ann Baillie; First Vice-President, Miss Carrie Milton; Second Vice-President, Miss Olivia M. Wilson; Third Vice-President, Miss A. Walsh; Secretary, Miss Anne Davis, 464 Frontenac St.; Treasurer, Mrs. C. W. Mallory, 203 Albert St.; Convener Flower Committee, Mrs. Sidney Smith, 151 Alfred St.; Press Representative, Miss Mary Wheeler, Kingston General Hospital; Private Duty Section, Miss Constance Sandwith, 235 Alfred St.

KITCHENER

A.A., Kitchener and Waterloo General Hospital

Hon. President, Miss K. W. Scott; President, Miss L. McTague; First Vice-President, Mrs. V. Snider; Second Vice-President, Mrs. R. Petch; Secretary, Miss T. Sittler, 32 Troy St.; Asst. Secretary, Miss J. Sinclair; Treasurer, Miss E. Ferry; "The Canadian Nurse", Miss E. Hartlieb.

LONDON

A.A., St. Joseph's Hospital

Hon. President, Mother M. Pascal; Hon. Vice-President, Sister St. Elizabeth; President, Miss Florence Connolly; First Vice-President, Miss Olive O'Neil; Second Vice-President, Miss Gertrude Dietrick; Recording Secretary, Miss Gladys Martin; Corresponding Secretary, Miss Irene Griffen; Treasurer, Miss Orpha Miller; Press Representative, Miss Madalene Baker; Representatives to Registry Board: Misses R. Rouatt, E. Armishaw, F. Connolly.

A.A., Victoria Hospital

Hon. President, Miss Hilda Stuart; Hon. Vice-President, Mrs. A. E. Silverwood; President, Miss M. M. Jones, 257 Ridout St. S., London; First Vice-President, Miss C. Gillies; Second Vice-President, Miss M. McLaughlin; Treasurer, Miss M. Thomas, 490 Piccadilly St., London; Secretary, Miss V. Ardiel, Corresponding Secretary, Miss G. Hardy, 645 Queen's Ave., London; Board of Directors, Misses Mortimer, Walker, Yule, Malloch, McGugan, Mrs. H. Smith.

NIAGARA FALLS

A.A., Niagara Falls General Hospital

Hon. President, Miss M. S. Park; President, Miss G. Thorpe; First Vice-President, Miss H. Scholfield; Second Vice-President, Miss K. Prest; Secretary-Treasurer, Miss I. Hammond, 632 Ryerson Crescent, Niagara Falls; Corresponding Secretary, Miss F. Loftus; Auditors, Mrs. M. Sharpe, Miss F. Loftus; Sick Committee, Miss V. Coutts, Miss A. Pirie and Mrs. J. Teal.

ORANGEVILLE

A.A., Lord Dufferin Hospital

Hon. President, Mrs. O. Fleming; President, Miss L. M. Sproule; First Vice-President, Miss V. Lee; Second Vice-President, Miss I. Allen; Corresponding Secretary, Miss M. Bridgeman; Recording Secretary, Miss E. M. Hayward; Treasurer, Miss A. Burke.

ORILLIA

A.A., Orillia Soldiers' Memorial Hospital

Hon. President, Miss E. Johnston; President, Miss A. V. Reekie; First Vice-President, Miss L. Whittton; Second Vice-President, Miss M. Harvie; Secretary-Treasurer, Miss Alice M. Smith, 18 Matchedash St. S.
Regular Meeting—First Thursday of each month.

OSHAWA

A.A., Oshawa General Hospital

Hon. President, Miss E. MacWilliams; President, Miss Jessie McIntosh, 39 Simcoe St. N.; Vice-President, Miss Jean Thompson; Secretary, Miss Jessie McKinnon, 134 Alice St.; Asst-Secretary, Miss Irene Goodman, 512 Simcoe St. N.; Corr-Secretary, Miss Jean Stewart, 134 Alice St.; Treasurer, Mrs. W. Luke, 8 Madison Apts., Simcoe St. S.

OTTAWA

A.A., Lady Stanley Institute (Incorporated 1918)

Hon. President, Miss M. A. Catton, 2 Regent St.; Hon. Vice-President, Miss Florence Potts; President, Mrs. W. Elmitt; Vice-President, Miss M. McNice, Perley Home, Aylmer Ave.; Secretary, Mrs. Lou Morton, 49 Bower Ave.; Treasurer, Miss Mary C. Slinn, 204 Stanley Ave.; Board of Directors, Miss E. McColl, Vimy Apts., Charlotte St.; Miss C. Flack, 152 First Ave.; Miss L. Belford, Perley Home, Aylmer Ave.; Miss E. McGibbon, 114 Carling Ave.; Representative "The Canadian Nurse", Miss A. Ebba, 80 Hamilton Ave.; Representative to Central Registry, Miss A. Ebba, 80 Hamilton Ave.; Miss Mary C. Slinn, 204 Stanley Ave.; Press Representative, Miss E. Allen.

A.A., Ottawa Civic Hospital

Hon. President, Miss Gertrude Bennett; President, Miss Edna Osborne; 1st Vice-President, Miss Dorothy Moxley; 2nd Vice-President, Miss Lera Barry; Recording Secretary, Miss Martha McIntosh; Corresponding Secretary, Miss M. Downey; Treasurer, Miss Winifred Gemmell; Councillors, Miss K. Clarke, Miss Webb, Miss G. Frata, Miss B. Eddy, Miss E. Lyons; Representatives to Central Registry, Miss Inda Kemp, Miss K. Clarke, Press-Correspondent, Miss Evelyn Pepper; Convener Flower Committee, Miss M. MacCallum.

A.A. Ottawa General Hospital

Hon. President, Rev. Sr. Flavie Domitille; President, Miss K. Bayley; First Vice-President, Miss G. Clark; Second Vice-President, Miss M. Munroe; Secretary-Treasurer, Miss D. Knox; Membership Secretary, Miss M. Daley; Representatives to Local Council of Women, Mrs. J. A. Latimer, Mrs. E. Viau, Mrs. L. Dunne, Miss F. Nevins; Representatives to Central Registry, Miss M. O'Hare, Miss A. Stackpole; Representative to "The Canadian Nurse", Miss Kitty Ryan.

A.A., St. Luke's Hospital

Hon. President, Miss Maxwell; President, Miss Doris Thompson; Vice-President, Miss Diana Brown; Secretary, Mrs. J. Pritchard; Treasurer, Miss May Hewitt; Nominating Committee, Misses Sadie Clark, Mina MacLaren, Hazel Lytle.

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No. 6

A NEW SCHOOL OF NURSING

E. K. RUSSELL, Director, The School of Nursing, University of Toronto.

Your chairman has given me a place on this afternoon's programme to speak concerning the new School of Nursing which is to come into existence in Toronto on July 1st of this year. I am glad to have the opportunity to speak of this work for several reasons, some of which should be apparent before I finish. My subject divides itself very readily into three parts: first, an explanation of this new work as research work; secondly, the giving of certain very definite information about the present plans of the School; and thirdly, a word about the relationship of this School to the professional group of this Province.

The first thing to emphasize about this School, and perhaps the most important, is that its work is all to be on an experimental basis; it is to be looked upon as research into various phases of the education and the training of nurses. We start with no fixed theories unless perhaps the one simple idea that three years is long enough for a nurse's training. Rather do we start with certain suggestions already long advocated

by our profession or accepted as beyond question in the general field of education: working from these we aim to discover.

Doubtless, everyone will concede the desirability of research work in general, while, in our own special field of nursing education, there seems to be especial demand for it. The demand was voiced repeatedly in the Survey Report of last year, with its clear delineation of some of the special difficulties under which our nursing schools are labouring at present. No doubt those of us who have reached the conservative age regret this agitation, long for peace and quiet and wonder why we cannot let well enough alone. Why must there be change in the conduct of nursing schools? It cannot be possible that any nurse (or lay critic) has asked herself or himself that question oftener than I have. Unwillingly at times, but inevitably, I have accepted the answer: it is not that we as nurses have forced the change, rather it is that change in our schools and their organization is being forced upon us by other changes. What I mean is that medical science and medical practice, including public health practice, have developed so amazingly in the last few years

(An address delivered before the Registered Nurses Association of Ontario, at Windsor, on April 21, 1933.)

that nursing has an equally extensive new content, and the preparation for this, or in other words the work of our nursing schools, has an increased complexity that has, as I have said, been forced upon us. This is not of our choosing, but the situation is ours to deal with.

If, therefore, our nursing schools must now provide new types of training, and if they are finding that their present organization does not give them freedom or opportunity to meet the new demands, then any experiment in the direction of new school organization should be a matter of great interest. But experimenting, or, in other words, research work, costs money, hence there must be special funds available at the beginning of any such work. It is because a small fund has been procured for the purpose that this Toronto School is now being organized.

Next comes the second division of this paper, namely, information as to what this new School of Nursing is doing. I wish I could make the title speak for itself. Please note I have said that this is to be simply a *school of nursing*, that, and that alone. That is, as a school, it exists for only one purpose, namely, to teach its pupils; and the subject it intends to teach is nursing—no qualifications, no modifications or limitations, just nursing.

Belief in, or understanding of, this purpose should answer most of the questions as to the relation of the School to the nursing service of the hospital. As a school it cannot be made responsible for the nursing service of the hospital for, in as far as that is done, it ceases to be a school. But, on the other hand, no pupil can learn nursing unless *she* is responsible for the nursing of her patients. Is not the distinction clear without going to extremes in the argument? It sums

up in this way; in such a school there is no change from the present relation of the pupil to her patients; the change is in the financial responsibility of the school to the hospital.

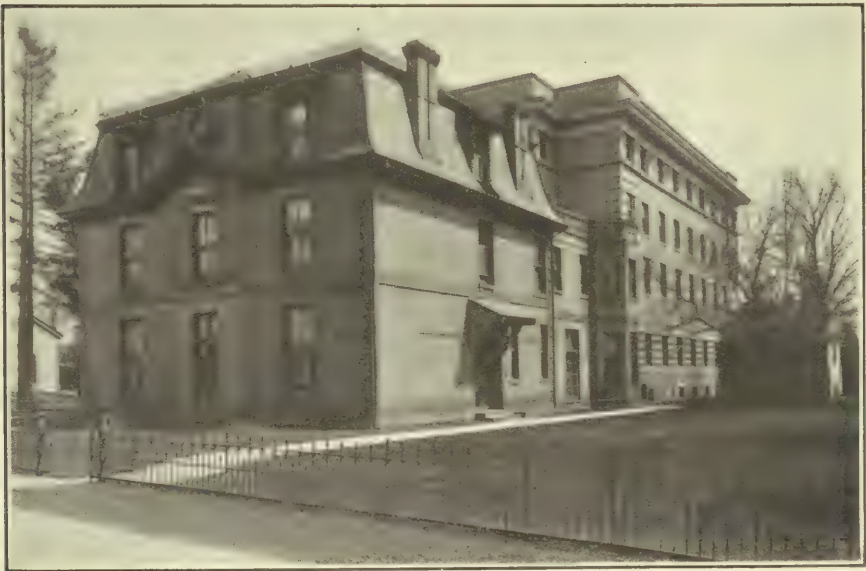
For the sake of brevity, I must merely outline the rest of the information, letting the facts speak for themselves rather than pausing for argument. The special points are the following:

1. The School is interesting itself only in the preparation of nurses.
2. The School is interesting itself *particularly* in the *primary* stages of nursing education—not post-graduate courses, not the preparation of the super-nurse (whatever that may be) but rather undergraduate training in its simplest form.
3. The School is interesting itself very particularly in the preparation of public health nurses.
4. The School is under the University for administrative purposes but has no connection with degree work.
5. The School will give both undergraduate and graduate courses.
6. The former one-year courses for graduate nurses will be continued — small improvements are being made, but there is no great change in these.
7. The experimental work is in the new three year undergraduate course.
8. The School includes residence accommodation and the undergraduates will live in our own School Residence for the greater part of their training. Exception to this will be made

during the periods of training at the Tuberculosis Hospital and at the Isolation Hospital—two months in each case, at which time the student will live in the residence of the affiliated school.

9. The student who has her own home in Toronto, may live at home for the first six months of the course, and also for four months later in the training.
10. The School will attempt to make this three-year course in
11. If it is found that satisfactory preparation for general practice in nursing cannot be accomplished within three years, then it would appear that the

all admit that the hospital nurse is the only one of the three main groups of nurses now being catered for in the usual hospital school of nursing; for the hospital school really provides a specialized training, not a general practitioner's course.



The School of Nursing, Toronto University

nursing a general practitioner's course. Thus, it is not to be particularized as a hospital training or a public health training; rather it is to be a training for nursing. This procedure is based on the assumption that the graduate of such a course should make a better worker for both the public health field and private duty, and also for hospital work, than those being prepared in the present manner. We must

idea of a general training for nursing must be abandoned, and that specialization must occur in the undergraduate course, a procedure now in operation in various European nursing schools.

12. There are several weak spots in the present organization of this new School; one of these is the relationship of the School to the hospital. At the beginning, all of our hospital

training must be arranged by affiliation, as our hospitals already have their own nursing schools. Ultimately, if this new type of school persists and is copied, this relationship should change; the School would be, presumably, the *one* school of the hospital giving the general training. Also, there is the matter of costs. There must be an expensive initial period before we can demonstrate the value of the nursing service that our pupils will give; also before further control and distribution of costs can be taken care of.

There is one thing that we want to say, and that fits in most appropriately here. This is an acknowledgment of the very generous co-operation being given us by the Toronto nursing schools. We have plans for affiliation with the Toronto General Hospital, the Hospital for Sick Children, the Tuberculosis Hospital at Weston, the Isolation and the Psychiatric Hospitals. The directors of these very busy schools have found time, all winter, to work with us upon these plans, and are proceeding to take their part in the coming experimental work. Also, the public health groups of both Toronto and the Province are giving generous assistance, and are working with us in making this new School a reality.

A special word should be added regarding the School's particular interest in the preparation of public health nurses. We have a special responsibility for making this clear. The benefaction that is making this experimental work possible is coming to us from a public health source, namely, the International Health Board of the Rockefeller Foundation. This Board is necessarily taking an interest in

the preparation of the public health nurse and apparently believes that the present preparation is none too satisfactory. The Board is willing to invest money in an experiment in Toronto if this includes an honest effort to improve upon the present selection and training of public health nurses. It is not nursing, as such, that interests the Board, but its members realize that the matter is involved with nursing, and they are leaving it to us to decide upon the method of procedure. Our first trial is to be made through the general course which I have described. If it succeeds, we shall have arrived at something that is sound and basic in regard to the training not only of the public health nurse but also of other kinds of nurses.

There is something further that was not included when I wrote this paper but that should be spoken of to-day. I am referring to the enrolment of candidates for the new three-year course and the difficulty that we anticipate in this connection. You will all understand that this is about the worst year that could have been chosen for the starting of a new course that appears to be more costly than hitherto for the nurse in training. It is quite possible that there may be few students forthcoming. Apparently our post-graduate classes will be full and there is no danger of our running out of work in the coming year, but there will be loss and waste involved if the new course cannot be started immediately. For these reasons we are asking for all the help that you can give toward finding candidates. If four good students enrol, we shall be well content; ten is the maximum that we can accept, and if ten can be enrolled, so much the better.

You will want to know exactly about costs. As arrangements

stand at present, the cost of the whole three years of training may be as much as \$750.00 for the student who has her home in Toronto (she will be able to live at home for a few months) and it may be as much as \$1,000.00 for the student who has not her home in Toronto, and is thus obliged to pay board for the entire period. As far as we can judge, this sum should cover board, tuition and all other expenses of the School for the entire three years. We expect to reduce these costs, and it may be that they will be lessened even for the first class, but we cannot promise this, so I do not dare quote anything less at the present moment. This amount may be considered much or little, according to one's basis of comparison. Compared with the usual cost of a nurse's training it is much, while compared with the cost of many university courses, it is moderate. As there are hundreds of girls, all over the country, paying the cost of these university courses, it seems fair to assume that the cost of this new nursing course is not prohibitive.

The mention of these sums, of which I have spoken, requires some further explanation. You will appreciate the fact that this new work involves a complete redistribution of the costs of a nurse's training. The question is, who pays at present—and how much? Apparently nobody pays and nothing is paid, but actually things are not quite so rosy: the truth is that the costs are confused and concealed. The patient pays, the hospital pays, much but indirectly, and the student pays more, again indirectly, and in rarer coin. And now that we plan to separate the financing of the school from the hospital, who will pay? There are certain possible sources such as the state, the hospital and the pupil herself.

It is unthinkable that we should continue to include the patient. Some people, with varying degrees of optimism, think that the state will come forward and support nursing schools as it now supports normal schools, but at the moment this is but a dream. The hospitals are unwilling at present to consider new costs, or even old ones, under a new guise. Working as they now are under tremendous strain, they can hardly fail to be suspicious of new arrangements. We know that we shall have to demonstrate the value of the practical work of these pupil nurses before we can expect the hospital to pay the cost of their board and lodging. Thus there seems nothing for it, at first, but to throw the cost on the student herself. Will there be young people, or parents, appreciative enough of educational values—and able to pay—who will choose this seemingly more costly training in this bad year? Time will tell.

The third heading under which I would speak is the one that particularly justifies my presence here this afternoon, that is the relationship of this work to nursing and nurses in this Province. The turn of Fortune's wheel has laid a gift upon our doorstep in Ontario; strangely enough this happens at a time when there is almost universal want, and some danger of losing what has been gained in our sister provinces in their special university schools. Is our present state to be reckoned good fortune or ill; is theirs to be reckoned ill fortune or good? It is not easy to say; in fact the answer to both questions is hidden as yet. If the present hardships draw together all the friendly forces of the profession, as is happening in more than one place, then poverty and danger are friends in disguise, and a strong, successful professional work must emerge. If a generous outside gift

leaves Ontario's school isolated from the profession and gives an impression that the School is independent of the help of the professional group, then the gift may work more harm than good. Per-

haps you will help to decide the answer. Our conviction is that this School will depend greatly upon the sympathy, the understanding and the support of the nurses of Ontario.

A FRIEND OF NURSING

An event of unique interest took place in the Nurses Residence of the Hamilton General Hospital on Tuesday evening, May 2, when, at the close of the regular meeting of District 4 of the Registered Nurses Association of Ontario, a handsome portrait in oils of Dr. Walter F. Langrill, Superintendent of the Hospital, was formally presented to the members of the Alumnae Association of the Hamilton General Hospital.

This gracious gift was made by Miss Jane McKee, a graduate of the Long Island College Hospital, Brooklyn, N.Y., who is a member of the Board of Governors of the hospital. The gift was dedicated to the memory of a devoted friend, Miss Anna M. Wilbur, whose death

occurred two years ago, and will not only perpetuate that memory, but will also serve as a mark of the high esteem which Dr. Langrill has won for himself in his many years of interest in, and devotion to, the welfare of the nurses.

Miss Edith C. Rayside, R.R.C., Superintendent of Nurses, presented the portrait, which was received by Miss Helen Aitken, President of the Alumnae Association, who very ably expressed the appreciation of the nurses and designated that the portrait should be hung in the Reception Room of the Nurses Residence. This happy occasion was participated in by members of the Board of Governors and by many nurses and their friends.

DOWN THE AGES IN BIB AND TUCKER

E. A. ELECTA MacLENNAN, B.A., R.N., Graduate Student, School for Graduate Nurses,
McGill University, Montreal.

"Mary, will you fold this cap for me, please? I never can get it to look right. What is the use of it, anyway, perched on top of my head! And there's the last button off my uniform, thank goodness my bib will cover that sin!"

"You're lucky to have a bib, Helen. What if you had lived in grandmother's time when the bib was a mere tab on the apron band? Have you ever wondered what the nurses wore in ancient times? I was reading about them the other day: the simple dress of the virgins, the elaborate costume of the abbesses, the disreputable "rigs" of Saïrey Gamp and Betsy Prig."

Centuries and centuries ago in India and China they had very advanced civilizations. Recent research has yielded a rich fund of information and we find that these peoples had a wide knowledge of and extensive practice in the medical sciences. There is no special reference made to nurses, but the physician was required to "keep his hair and nails short, bathe daily, and wear white garments and shoes, and carry a cane or umbrella."

Grecian history does not tell us of any definite nursing orders, but care of the sick fell to priests and priestesses. In descriptions of the Abaton at Epidaurus we read that "white garments were the rule both for patients and priests, as there was an ancient belief that white garments induced favourable dreams." As at the Abaton at Epidaurus, so in the Temple of Aesculapius in Rome, the white-robed brethren cared for the sick.

With the advent of Christianity, nursing became more clearly defined. There were deaconesses whose special duty it was to care for the sick in their homes. These deaconesses were ordained by the church. "The bishop placed the stole upon her neck, after which she took the veil or pallium from the altar, and clothed herself with it. She also received a maniple, ring and crown." The Order of deaconesses spread through many countries and, in its later history, we read of a special dress for them. In frescoes, they are pictured as wearing a very full tunic, with a stiff head-dress surrounding the face. The deaconess' liturgical dress was the diaconal alb, maniple and stole.

During this period, another group of women, the Vestal Virgins did nursing. They wore on their dresses a gold fillet, symbolic of virginity, white veils and at a later period, a ring and bracelet. By the twelfth century the distinctive costume seems to have been dropped and they dressed in the prevailing fashion of the time.

In these early days, nursing was taken up by two types of persons. First, those who wished to do penance for their sins, and second, those women of the nobility who gave of their wealth and abundance to charity. The most famous of this latter class, commonly referred to as the Roman Matrons, were Fabiola, Marcella, and Paula. They all wore the garb of the laity.

In mediaeval times, nursing was carried on by the monastic orders, and men as well as women were detailed to care for the sick. The

habits of the Sisters, Brothers and Knights of the many military and religious Orders, make a very colourful array in our album. The Knights Hospitallers of St. John of Jerusalem, Rhodes, and Malta included Sisters in their Order, who were distinguished by their red robe and black mantle, and in later times, by an all-black habit. The regular habit of this Brotherhood, in every country, consisted of a black robe with a pointed cape of the same colour; on the left sleeve of each robe was a cross of white linen, having eight points, typical of the eight Beatitudes they were always supposed to possess. At a later period the regulations became less austere, and permitted the Knights to wear an octagonal golden cross inlaid with enamel and suspended from the breast with a black ribbon. Some authorities tell of a period during which the Hospitallers wore their white cross on a red ground.

Another prominent Order was that of the Teutonic Knights, whose habit was a black cloak over which was worn a white mantle with a rather broad black cross picked out with silver on the left sleeve. The Order of St. Lazarus of Jerusalem wore a plain cross on their mantle with four arms of equal length, somewhat flaring at the ends. The French Lazarus cross was an eight-armed golden and green or purplish-red cross with tiny golden lilies in the corners. The Italian insignia was white and green.

The dress of the nuns of these religious orders remained the same as that of the laity until the end of the tenth century, except on state occasions when the abbesses wore very elaborate costumes. The mediaeval saints show a tendency towards sombre habits without any bright flashes of colour. The Poor Clarissas, a Franciscan tertiary, founded by St. Clara, wore the

brown robe of the nun with a stiff head-piece and black hood. Agnes of Bohemia dressed in a simple garb suited to hospital work. St. Catherine of Siena was a tertiary of St. Dominique. Her habit was a light brown robe, a stiff white neck-piece surrounding the face and a long black veil.

All the nursing, however, was not being done by religious and military orders of the Middle Ages. There were several very active secular orders of great importance. The Béguines had orders in various countries and, in each country, the habits varied in colour and in style. Some dresses were grey, some were blue; some styles followed the prevailing one of the time, others were distinctive. One style was a tight-fitting bodice, full skirt and long apron, a soft light-coloured or white head-piece and a peculiar flat, fluted cap from which hung a full length cloak. Another group of Béguines wore a black russet gown and stiff white hood. The oblates of Florence wore a woollen robe, but a more practical veil than many others.

The brothers of the Order of the Holy Ghost wore a sky-blue habit with a black mantle decorated with a double-armed white cross. The insignia of the order was a collar composed of fleur-de-lis surmounted with enamelled flames, with a cross bearing a silver dove, emblem of the Holy Ghost. At their meetings, the knights dressed in costly round-caped mantles of blue velvet, spangled with fleur-de-lis in gold. Later this elaborate costume was worn only in choir.

Let us look now at the uniforms worn in the famous hospitals of the Middle Ages, the Hôtel Dieu de Lyons and the Hôtel Dieu de Paris. In the Hôtel Dieu de Lyons the nurses at first wore no special dress, but by 1526, we see them in a

uniform white garb, adopted for the sake of propriety. In 1562 a change was made to a black dress with a white linen apron and an unstarched white cap. At the end of their first year in service the probationers wore a grey dress with a collar. Their full acceptance was marked by a very formal ceremony. At this dedicatory ceremony the probationer was draped in a large mantle of black cloth; she was veiled with a white veil and was presented with a silver cross. The brothers wore a blue robe.

The psychology of the uniform seems to have been well understood at this time and we are told that the physicians made rounds in gowns with long flowing veils and caps. After the French Revolution the nun-like garb of the nurses was exchanged for the plain dress of the laity, with the tricolour as the only distinguishing feature. In the Hôtel Dieu de Paris we find the nursing being done by a strictly monastic order, the Augustinian Sisters. Their probationers first wore the regular nun's dress, then a white robe with a large white apron and, finally, they received the black hood. The nurses were practically cloistered sisters and, after entering the hospital, knew no other home.

During the later Middle Ages we find new orders arising. One, the Brothers of Mercy, present such a weird and altogether unique appearance that it must be mentioned here. These Brothers were a voluntary first aid corps, and dressed in all-enveloping robes and masks of pure white or dead black. Another very prominent order, which still exists today, is that of the Sisters of Charity of St. Vincent de Paul. They wore the voluminous dress of grey-blue rough cloth, white neck-piece and white muslin head-dress of the ordinary people.

The next few centuries, the late seventeenth, eighteenth, and early nineteenth, present gloomy pictures for any album. Sairey Gamp, in her "very rusty-black gown, rather the worse for snuff, and a shawl and bonnet to correspond, . . . with her funeral face and carrying a large bundle, a pair of pattens and a species of gig umbrella," toddling off to a night case. Betsy Prig, "bonneted and shawled, of the Gamp build, but not so fat, her voice deeper and more like a man's. She had also a beard." Such striking contrasts to the stately abesses of ancient days and the immaculate white nurses of modern times!

The late nineteenth century shows a definite recovery from the Dark Age of Nursing. Mrs. Fry's nurses and the Sisters of Kaiserswerth did much to retrieve the lost art. The Quaker dress of Mrs. Fry's nurses is still worn by that order. The outdoor uniform consists of a Quaker grey gown, a long black cloak, and a black bonnet trimmed only with the veil. The cap is of white muslin in modified Quaker style.

Pastor Fliedner required his Sisters at Kaiserswerth to wear a becoming uniform. He believed that "looking well lays a foundation of serenity in women. Simple enough was the dress, yet it sounds attractive; a blue cotton gown and white apron, a turned-down collar and white muslin cap. Long black cloaks were worn on the street and black bonnets went over the white caps."

In the Crimea, Florence Nightingale and her nurses wore a plain black dress, with a white collar and cuffs. The Nightingale nurses-in-training at St. Thomas's Hospital wore a brown dress, white apron, and dotted muslin cap. At St. John's House, the nurses wore a

regulation dress of "a quaint style calculated to chasten the spirit of the most frivolous-minded young women."

It is quite impossible to describe the different uniforms worn today, as each nursing school adopts a distinctive uniform. However, we can make an arbitrary division and a generalized statement. Nurses-in-training usually wear a coloured uniform with apron and bib, collar and cuffs, and cap. Graduate nurses in hospital and private duty service wear the all-white uniform of their School. Graduate nurses in Public Health nursing wear a coloured, usually grey or blue, washable uniform and a dark tailored coat or cape. And who is not familiar with the Norfolk jacket, white collar and cuffs, and

Windsor tie, of our Victorian Order of Nurses?

Our cap has lost its original useful purpose, but it is the psychological key to our uniform. "Mary, will you ever forget the thrill of wearing your cap for the first time?" It would be well for every nurse to bear in mind that the nurse who disrespects her uniform brings discredit to all her fellow-workers.

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SOME FACTS ON GRADUATE BEDSIDE CARE

A Study on the Use of the Graduate Nurse for Bedside Care in the Hospital, covering a year's research by the National League of Nursing Education's Department of Studies, is just off the press. It includes a study on the comparative service value of student and graduate to the hospital, based on actual ward observations; a plan for organizing the nursing service

on a ward with an all-graduate staff; suggested work schedules for ward workers, and an appendix relating to the use and control of nurses' assistants.

The study covers 90 pages and is available at 50 cents a copy. Orders should be sent to: The National League of Nursing Education, 450 Seventh Avenue, New York City.

THE SURVEY, EAST AND WEST

In the May issue of the *Journal*,* reference was made to the accomplishment of Saskatchewan in translating the *Survey* into terms of action and results. This month two more Provinces are able to report definite progress.

NEW BRUNSWICK

The personnel of the Provincial Joint Study Committee is now complete and includes:

Representatives of the provincial nurses association:

Miss A. J. MacMaster (president).

Miss Margaret Murdoch (nursing education section)

Miss Mabel McMullen (private duty section).

Miss Winnifred Dawson (public health section).

Representatives of the provincial medical association:

Dr. W. E. Rowley.

Dr. Barry.

Dr. McKenzie.

Representatives of the provincial hospital association:

Dr. S. R. D. Hewitt.

Mr. A. C. Chapman.

Mr. Granville.

Representing the Maritime Catholic Hospital Association:

Rev. Sister Camillus.

Representing the provincial Department of Education:

Dr. A. S. McFarlane, Chief Superintendent of Education.

Two meetings have been held at which the recommendations put

forward by the Canadian Nurses Association respecting standards for approved schools† were analyzed and studied. Action was taken as follows:

The recommendation that all students in approved schools be at least nineteen years of age was endorsed.

The recommendation that all students in approved schools shall have a yearly physical examination was endorsed.

At the request of the Secretary of the National Joint Study Committee, special consideration was given to the following recommendation of the Canadian Nurses Association:

That a committee be appointed to formulate some plan whereby a more uniform standard of Registered Nurse examinations may be maintained throughout the Dominion, taking into consideration the further recommendations regarding this subject contained in Dr. Weir's report.

This recommendation was studied under four headings:

Minimum academic requirements for entrance to training schools.

The minimum content of the curriculum of the school.

Subjects for examination.

Arrangements for Dominion registration.

The following action was taken:

The committee recommends that the entrance requirements to schools of nursing be the standard requirement accepted for entrance to a University in the respective provinces, until such time as a uniform standard is set for Canada, and that copies of this recommendation be sent to all hospitals in the province, to the secretary of the Hospital Association, and to the Provincial Department of Education.

It was decided to leave over the question of curriculum and subjects for examination until such time as a report can be had from the provincial committee on curriculum. The Chairman of the provincial Joint Study Committee, Dr.

* See "The Canadian Nurse", May, 1933, p. 242.

† See "The Canadian Nurse", September, 1932, p. 489.

W. E. Rowley, was requested to address the provincial Hospital Association at its Annual Meeting in June, on the work of the committee.

New Brunswick seems to be off to a good start.

ALBERTA

The membership of the Provincial Joint Study Committee includes:

Representatives of the provincial nurses association:

Miss F. Munroe (president).
Miss Ethel Fenwick.
Miss Blanche Emerson.
Miss Margaret Fraser.

Representatives of the provincial medical association:

Dr. A. F. Anderson.
Dr. J. J. Ower.

Lay representative:

Mrs. W. D. Ferris.

The chairman of the Provincial Joint Study Committee is Miss Margaret Fraser and the secretary

is Miss Blanche Emerson. At a meeting held during March, it was decided to proceed as follows:

The recommendations of the Canadian Nurses Association concerning the Survey are to be studied by the members.

The Committee is to compile information regarding the standards of entrance required by the various training schools at present in operation in the Province, and the steps that have been taken to legally raise those standards.

Enquiry is to be made in the various schools of nursing concerning the amount of theoretical work covered in the school year, i.e., from September to May, and also the amount of practical work performed by the student in her entire three years' period of training.

An effort will be made to find out whether the hospitals throughout the Province are increasing or decreasing their enrolment of students. In this connection the number of students graduated for the past three years will be ascertained.

Signs are not lacking that, before long, other Provinces will be in a position to report definite progress in the uphill climb towards higher and more uniform educational standards. The ferment of the *Survey* is working.

A GOOD OBSTETRICAL NURSE

By a Student in the Intermediate Class of the Moose Jaw General Hospital School of Nursing.

A nurse, to be a good obstetrical nurse, should first of all be a womanly woman, being tactful and sympathetic with her patient. Above everything else, she must observe cleanliness. A break in her technique may be the cause of severe complications, and even death. The nurse must be observant as to the progress her patient is making and for any signs and symptoms of complications. She must be able to adapt herself quickly to the ways of the doctor and her surroundings. Sympathy is another point; she must be able to sympathize with her patient, and understand her feelings and anxiety. The nurse must understand the growth and development of the baby before birth, the changes that take place in the mother's body before and after the baby is born, and the care of both mother and child. Every nurse should be a teacher of good health and be able to teach the rules of healthful living to the public. A good obstetrical nurse should know and be able to teach the expectant mother how to care for herself and the baby intelligently.

THE FIRST JOURNAL CLUB

Student nurses in the School of Nursing of the Saskatoon City Hospital had a bright idea one day. Why not form a club and subscribe to *The Canadian Nurse* at a special club rate? No sooner said than done. And here they are.

club rates, that they may experience the great pleasure and convenience of possessing a subscription.

I am a student nurse of Toronto General Hospital, in the Public Health Nursing course, but I have been on leave of absence for some months due to illness. During this enforced separa-



Marvel Shaw, *Class President*, reading *The Canadian Nurse*.

Standing: Anne Ferguson, Gladys Millsap, Margaret Duncan, Margaret Gooderham, Catherine Humphrey, Lola Morrison, Marion Bie, Elsie White.

Seated: Marjorie Allen, Jean Landes. Eleanor Crosby, Edna Graham, Edith McConnell, Dorothy Knuckey.

Since this good example was set, the School of Nursing of the Montreal General Hospital has followed suit. And now Miss Eleanor Hollinger, a student in the Public Health Nursing Course at the Toronto General Hospital, writes us as follows:

I was particularly pleased with that invitation to student nurses, for I have felt for some time that a welcome was needed. I know that *The Canadian Nurse* has been a great source of assistance, enjoyment and inspiration to me during my training. I am sure that it must be to others. I only hope that a great number of student nurses will take advantage of the special

tion from training, *The Canadian Nurse* has been one of my great delights. It has kept me posted with news and has made the profession nearer and dearer.

Why not start a Club in your School? A special club rate is offered to groups of ten or more student nurses who are associated with any one hospital. The reduced annual subscription rate is \$1.50 per student, and is not transferable. The Director of the School of Nursing is requested to give assurance that the members of the group are actually in training.

THE WINDSOR MEETING

The Registered Nurses of Ontario may be counted upon to do things when in convention assembled. The meeting at Windsor was no exception. Three of the highlights of the programme proper were addresses by Miss Elizabeth Smellie, Miss Fay Simmons and Miss E. Kathleen Russell. The two latter appear in the current issue of the *Journal* and Miss Smellie has promised to give us something for publication later on. We came home laden with literary booty, and a respectable number of subscriptions, too.

Great interest was shown in a group of three papers dealing, from different angles, with the staffing of hospitals with graduate nurses, presented by Miss Marjorie Buck, Miss Aubra Cleaver and Miss M. E. Wilkinson. The *Journal* is planning a hospital number, and these addresses will be included in it. We have an editorial eye on several others, too. The authors have virtually signed on the dotted line. We will tell you about them later on.

Good, clear, practical reports were presented by all the nine districts. We hope to learn their boundaries soon and not to disgrace ourselves by assigning Toronto to the wrong unit. District Nine seemed to be rather the heroine of the occasion. We were not surprised. We know that rugged part of the country, and the sort of people who live and work in it. They make sport of

difficulties such as meeting their quota for the permanent education fund. Just take it in their stride.

We liked to watch the quiet and efficient work of the Provincial Secretary-Treasurer. Living in Quebec, we are in a position to know how such things should be done. That is the way Miss Fitzgerald does them. Then there was the local Committee on Arrangements. Banquets and Girl Scouts and things like that, though there is no way of knowing just how Miss Nellie Gerard and her associates managed to keep things moving so smoothly. Even the commercial exhibitors were pleased, and said so. A rare tribute to any convention.

Miss Mary Millman, in her presidential capacity, handled the sessions with dignity and despatch. The audience was receptive, quick to pick up points and endlessly patient in listening to editorial woes.

On our way home, we paid short visits to Chatham and to Brantford and were treated far better than we deserved. In fact, we were encouraged to talk on our favourite topic, and did.

The meeting next year will be in Toronto. We are going to attend. The Registered Nurses of Ontario in convention assembled are worth listening to. Read the June *Journal* and see.



THE EDITOR'S DESK

■ ■ ■

The Class of 1933

This is the season of youth and of hope. The recurring miracle of Spring is all about us. Only a carping spirit and a faint heart could fail to be touched by that ancient and potent magic. In Schools of Nursing all over Canada, there is once again a tide of new life. The Class of 1933 is ready to embark on its professional career.

Graduation exercises for nurses have always had a distinctive quality all their own. There is something about the procession itself which touches the imagination: the dignity of the uniform, the grave beauty of the young faces, give an almost religious character to the ceremony, making of it a dedication as well as a festival.

For perhaps it is true, even in these days, that nursing, whether we admit it or not, is life offered up. That it is, and must remain, in some measure, a sacrificial profession. Its practice involves heavy responsibility, fatigue, and physical risk. Its material rewards, even at the best, are never high. Why is it, then, that so many women find in it a full and happy life?

Perhaps because there is an element of adventure about nursing which gives it colour and zest. Perhaps because of its infinite variety and its unexplored possibilities. Perhaps because it is so close to life itself, since it deals in the very stuff that life is made of.

It has been the fashion, lately, to be gently mournful over young women about to enter the practice

of nursing. *Poor things, what is there for them to do?* And so on, and so on. As if there were ever any security in this dangerous business of living.

The *Journal* darkly suspects that this well-meant sympathy on the part of the elders is a source of quiet amusement to the rising generation. They are the product of a different time spirit. They are doing their own thinking, and they look to the future, not to the past.

They know that they live in a time of social and economic change, and that in all probability the sleek and prosperous years are not for them. On the contrary, they are aware that they are entering upon professional practice in a highly-competitive field where the race will be only to the swift and the battle to the strong. But they are not dismayed, for they are young and full of confidence and hope. To them, there is nothing terrifying about such a prospect. Why should there be? They will prevail. Life is all before them.

Indeed, if they but knew it, they come to the practice of their profession at a good time. They have been touched by the chastening and refining influence of these difficult years without having been broken or discouraged by them. Though they probably would not admit it even to themselves, for their generation is wary about displaying its emotions, they know in their hearts that the flame of the lamp still burns as clearly and steadily as ever, and that it is their sacred

privilege to cherish and to renew it. They hold it firmly in strong young hands. It is safe with them.

Far from commiserating with the newcomers into the profession, the *Journal* congratulates and welcomes them. The fat and careless years of plenty are over. Nursing has once more become a beautiful and a dangerous adventure. The Class of 1933 will meet its challenge as becomes the spirit of its youth.

The New School

The *Journal* is privileged this month to publish, as its leading article, *A New School of Nursing*. The inauguration of this School may well mark the beginning of a new era in nursing education in Canada. Its aims are clearly stated; the points in which it differs from existing schools are brought sharply into relief; no attempt is made to minimize the difficulties with which it is confronted. The general scheme is put forward, on its merits, for study and analysis by Canadian nurses.

There are certain salient features of the project to which reference may be made here. Possibly the most striking of these is the simplicity of its primary aim. This School will teach the science and art of nursing. Nothing more and nothing less. The undergraduate course, for the present at least, will be so directed as to prepare students for generalized as well as for hospital nursing practice. In order to bring about this profound change in educational approach, the life of the School will be centred in its own building. The students will live, work and play together. Their hospital practice will be gained in more than one institution. The integration of the course will take place within the School itself.

There is nothing local or parochial about this School. It is situated in the University of Toronto and will naturally be a source of pride and interest to the nurses of Ontario. But it belongs to Canada. It is an experimental school. Its principal function is research. Such new and good things as may be developed therein are to be shared by us all.

The choice of students for a course of this kind will be made with the greatest care. It is not sufficient that they should be financially able to meet the relatively high cost, though this necessity cannot be overlooked. It is even more important that they should possess those intangible qualities of mind and heart and spirit without which no woman can be a good nurse.

Nursing leaders in all parts of Canada should look about them and should direct the attention of possible candidates. It is not a question of numbers. It is a question of quality. The ultimate responsibility for success or failure rests almost as heavily on these students as upon those charged with their direction.

The most notable experiment yet made in nursing education in Canada is under way. Its direction is in competent hands and, for a term of years, it has a measure of financial security. Something else is needed which will certainly be forthcoming. The active interest and support of Canadian nurses may surely be counted upon for *their* New School of Nursing.

Our Advertisers

We wonder sometimes whether our readers quite realize what we owe to our advertisers. Were it not for their loyal support, even in the face of hard times, it would be difficult, indeed, to finance the *Journal*

without drawing too heavily upon the limited resources of the Canadian Nurses Association.

Please take the time to examine carefully the advertising pages of this issue, and note the firms who, year after year, have stayed by us. The products they advertise are thoroughly reliable, and may be used with confidence by institutions or by individuals. Note the newcomers, too, who show by their presence in our pages that they believe that our *Journal* is going places and doing things, and is therefore a good advertising medium.

Business firms should not be expected to pay for "good will advertising" under present conditions. They have a right to expect a return for what they spend. If you buy standard medical preparations, or uniforms, or textbooks, or shoes, or food products advertised in the *Journal*, tell the firm concerned that you saw their advertisement, and appreciate their support. Write to the Canadian offices of the firm concerned. The addresses are always given.

Perhaps you are more interested in postgraduate courses, or registries, or travel tours than in commercial products or nursing literature. The same advice applies. Tell them you saw it in *The Canadian Nurse*.

One word more. Every time you renew your own subscription, or, better still, get a new subscriber, you help us to get advertising. It

is circulation that counts. Help our advertisers to help us. We both deserve it.

Good Work

One of these days a special number of the *Journal* is going to be devoted to singing the praises of nurses who help to make the section devoted to *News Notes* readable and interesting.

One of our most dependable and indefatigable contributors is Miss Ethel Greenwood, convener of publications for the Registered Nurses' Association of Ontario. Each of the ten districts in Ontario has its press representative, and two of them sent items for *every* number during the last year. In addition to collecting and arranging these notes, Miss Greenwood has also sent in interesting addresses and articles for publication in the body of the *Journal*. Such a thorough piece of work takes both time, energy and patience.

The function of *News Notes* is to keep our readers informed concerning all events of professional interest which take place in various local centres. By reading this section carefully, a good deal can be learned about what is going on, all over the country, in the various nursing organizations, both large and small. Items of personal interest are also accepted. But if you want to know more, read OFF DUTY. We are there invested in our motley and are given leave to speak our mind.

ENROLMENT FOR EMERGENCY SERVICE

One of the many important and beneficent projects of the Canadian Red Cross Society is the enrolment of nurses for emergency service. In *Notes from the National Office*, in this issue of the *Journal*, the Executive Secretary gives full information concerning the manner in which the Canadian Nurses Association has, in the past, co-operated with the Red Cross Society in making provision for meeting this vital national need. The report made by the National Joint Committee for the Enrolment of Nurses for Emergencies to the Central Council of the Canadian Red Cross Society has, through the courtesy of Dr. J. L. Biggar, National Commissioner of the Canadian Red Cross Society, been made available for publication and is here quoted in full.

The record of the Enrolment to date is as follows:

British Columbia	215
Alberta	68
Saskatchewan	39
Manitoba	106
Ontario	305
Quebec	130
New Brunswick	34
Nova Scotia	44
Prince Edward Island	10
Out of Canada	44

995

Last year at this time there were only 576 Enrolled Nurses. The enrolment in British Columbia had not taken place when the last report was made and, in addition, there have been gains in every Province.

The following self-explanatory letter was received from the Director-General of Medical Services when the first list of Enrolled Nurses had been sent to him:

"I have today received from you the list of trained nurses who have signed

that they are willing and ready to serve in the event of war or national disaster. This list is a very valuable one and I am arranging to have it placed properly in the records at Defence Headquarters, so that it may be used in any mobilization. It is noted that your Society undertakes to keep the list corrected up to date. Therefore, any amendments you put forward will be carefully filed and the necessary corrections made in the original. With very high appreciation for this public service rendered by your Association, (Signed) J. T. Clarke, Colonel, Director-General, Medical Services."

A copy of this communication was sent to the Secretary of each of the Provincial Nurses' Associations and to our Divisional offices, in order that everyone concerned might realize that the Officers of the Department of National Defence considered the plan of enrolling and registering nurses for emergencies to be of paramount importance. The Committee also gave consideration to suggestions that had been received regarding the classification of the nurses who enrolled. The Committee agreed that a simple classification based principally upon the age of the registrants would be the most effective and instructed the Secretary to recommend the idea to each of the Provincial Joint Committees.

This report is in itself ample proof that in none of the Provinces is enrolment nearly as high as it should be. Canadian nurses have always responded promptly and willingly to all demands made upon them for service in emergencies, either in war or in peace. They will surely not be backward in enrolling under the banner of the Canadian Red Cross Society, a body which stands ready to provide that competent direction and efficient organization which has proved such a bulwark of strength to the country in times of danger and distress. Read *Notes from the National Office* and enrol at once.

Department of Nursing Education

CONVENER OF PUBLICATIONS: Miss Mildred Reid, Winnipeg General Hospital, Winnipeg, Man.

A NEW TEACHING DEVICE

GRACE M. FAIRLEY, R.N., Principal and Director of Nurses, The Vancouver General Hospital School of Nursing, Vancouver.

The clinical administration of hypodermic and interstitial injections is always an important, and sometimes a difficult, nursing procedure. Its demonstration in the classroom has been complicated in the past by the fact that the frequent use of a living model is not always possible or desirable. The accompanying illustration (figure 1) shows, in actual use, a simple teaching device whereby students may perfect themselves in the technique of hypodermic injections before attempting to apply their knowledge in actual ward practice.

As all things in a class room have to be named, it would seem that the term "rubber arm" would be appropriate and descriptive. The arm is made of sponge rubber, covered with a "skin" of plain rubber, one-sixteenth of an inch thick, and is about the size of an average adult arm, being about four inches in diameter. It has

enough resistance to demonstrate, or to practice, the holding between the fingers of the necessary amount of skin or muscle tissue, as the case may be, for giving the various

superficial or deep hypodermic injections. As the rubber is porous, except for the skin covering, and the device is open at each end, any water injected evaporates readily.

This is an addition to teaching equipment that the writer has felt the need of for a long time. The difficulty has been in getting a manufacturer to make the arms. However, they can now be obtained at a cost of \$4.85, a price which makes it possible to have a sufficient supply in the classroom to allow students to practice in groups.



Figure 1

Another practical point in the teaching of this procedure is the use of Placebo hypodermic tablets, which can be put into empty tubes, and marked with the name of any

drug and any strength. The use of these tablets is both less expensive and safer than permitting the student to practice with drug tablets. They can be procured from Charles E. Frosst and Company, Montreal,

skin covering 12" x 10" x 2" are now to be had from the manufacturer, The Dominion Rubber Company.

By using this device, the student is given an opportunity of seeing



Figure 2

at a cost of about \$6.00 per 1,000, or 15c per tube.

For the administration of interstitial injections, it was found to be more satisfactory to use the "square", tied round the chest of the Chase Doll. The square in the picture (Figure 2) is merely a rubber bath mat, cut in two, but squares of sponge rubber with a

the needles inserted under the breasts in a manner not possible with a Chase Doll, and acquires a little more confidence when assisting with this treatment on the wards. The water does not "run" into the "tissues" very quickly but it is none the less quite satisfactory for this demonstration.

NURSING EDUCATION IN THE MARITIMES

These are stirring days in the Maritimes. New Brunswick is getting the work of its Provincial Joint Study Committee under way, and Nova Scotia has completed one special course in nursing education and is now planning another.

The Registered Nurses' Association of Nova Scotia, under the active direction of its president, Miss Anne Slattery, is sponsoring a five-day Institute to be held June 12 to June 16, immediately preceding the Annual Meeting of the provincial association.

A tentative outline of the programme is as follows:

Public Health:

Dr. H. Grant, Dean of Medicine, Dalhousie University.

Psychology:

Dr. E. Brison.

Hospital Administration:

Dr. H. Scammell, Assistant Superintendent, Victoria General Hospital.

Administration and Teaching in Schools of Nursing:

Ethel Johns.

On June 13, Dr. H. B. Atlee will lecture on State Medicine. This session will be an open meeting which all members may attend whether registered for the Institute or not.

Considerable interest is being shown by the nurses of the Province and a good attendance is expected.

A special course in Nurse Education has just been concluded by the Extension Department of St. Francis Xavier's University, Anti-

gonish. It covered a period of four weeks, and was inaugurated principally for instructors in the various Schools of Nursing in the Maritime Provinces in order to help them qualify for standard requirements, as recommended by Professor G. W. Weir of the Department of Education, University of British Columbia, in his Survey of Canadian Schools of Nursing.

The following subjects were taught in the first period of the course:

Educational Psychology—30 hrs.

Methods of Teaching—30 hrs.

Mental Hygiene—30 hrs.

The professors of this course were: Rev. M. M. Coady, D.D., Ph.D. in Education; Rev. J. Boyle, M.A. in Education; Mr. A. F. Chaisson, M.A. in Education and Mrs. A. F. Chaisson, M.A. in Mental Hygiene.

Twenty-three nurses from various parts of the Maritime Provinces, most of whom are instructors in Schools of Nursing, registered for the first period. The following hospitals were represented:

Glance Bay General Hospital, Glance Bay, N.S.

New Waterford General Hospital, New Waterford.

St. Joseph's Hospital, Glance Bay.

St. Rita Hospital, Sydney.

St. Martha's Hospital, Antigonish.

St. Joseph's Hospital, Saint John.

Hotel Dieu Hospital, Campbellton.

Hotel Dieu Hospital, Chatham.

Hotel Dieu Hospital, Tracadie.

Hotel Dieu Hospital, St. Basils.

City Hospital, Charlottetown.

A SILVER JUBILEE

It is sometimes a source of surprise and of regret to critical observers of the nursing field to discover how frequently changes occur in the direction of schools of nursing. It stands to reason that continuity of policy and concentration of effort cannot be carried on under such circumstances. There is, however, at least one school in Canada to which this criticism does not apply.

The School of Nursing of the Royal Victoria Hospital, Montreal, is fortunate in many respects. Its buildings are beautiful in themselves and have a setting which is unsurpassed anywhere. It can offer its students exceptional clinical opportunities and it has a distinguished medical faculty. Best of all, it has had as its head for twenty-five years, a woman who is

held in respect and admiration by the nurses of Canada.

On May 10, the Alumnae Association of the R.V.H. celebrated the twenty-fifth anniversary of Miss Mabel Hersey's appointment as Superintendent of Nurses, in a manner worthy of the occasion. She was presented with a diamond pin, and with a sum of money which is to be the nucleus of a scholarship fund which she is to administer. Her students gave her a bouquet of roses, a rose for every year of her service to their School.

Canadian nurses recall the dignity and charm with which Miss Hersey, in her capacity as President of the Canadian Nurses' Association, played the part of hostess at the International Congress in 1929, and will share in congratulating her on her silver jubilee.

TUBERCULOSIS WEEK

During the week of June 26, the Royal York Hotel, Toronto, will be the meeting place of what is described as a five-in-one tuberculosis conference, the largest and most helpful ever planned in Canada. The following organizations will take part:

The Canadian Tuberculosis Association.

The National Tuberculosis Association.

The Sanatorium Association U.S.A.

The Tuberculosis Secretaries Conference U.S.A.

The Conference of Ontario Medical Officers of Health.

The programme provides for the discussion, by distinguished speakers, of almost every aspect of

tuberculosis, clinical, social and economic. The sessions of the Administrative Section, which are to be held June 28 to June 30, will certainly be most helpful and stimulating to nurses.

The Canadian Tuberculosis Association hopes that as many Canadians as possible will send in their dollar membership fee to this Association, and attend, as members in good standing, the luncheon, at which short addresses will be given by the President of the National Tuberculosis Association, the Medical Director of the National Tuberculosis Association, Sir Humphrey Rolleston and Professor Lyle Cummins. The tickets for the luncheon will be \$1.00 each.

Department of Private Duty Nursing

CONVENER OF PUBLICATIONS: Miss Jean Davidson, Paris, Ont.

SHARING THE LOAD

FAY SIMMONS, R.N., Supervisor, Hourly Nursing Service, Illinois State Nurses Association, First District, Chicago.

Nursing at the present time is on a threshold and whether it goes forward or whether it slides back, depends in a large measure on how we approach the problems now confronting our profession. Shall we accept the existing inadequacies in employment for nurses and nursing care for patients, and merely sit back and hope that something will turn up that will solve our problems for us, or shall we with an open mind, cheerfully determine to help do something *ourselves* to better conditions for both nurse and patient?

We know that many persons, who in the past have employed special nurses for the entire period of their illnesses, are now financially obliged to do without any special nursing, or to use it only during the comparatively short critical period of an illness or following an operation. This does not mean that more individual attention is not desirable to a certain degree. Can we not arrive at some balance whereby the patient will receive the amount of nursing care he needs and nurses will be occupied for reasonable hours, giving actual nursing care?

This brings us to a consideration of two proposed solutions, namely, Group Nursing and Hourly Nursing. Group Nursing concerns the

patient in the hospital. Let us turn our attention to this first.

To anyone who is concerned with supplying patients with nursing care, it is obvious that there is wide variation in the amount of care needed. In most institutions there are but two alternatives when a patient enters a hospital; either he receives general floor care, or he employs a special nurse who devotes her entire time to caring for this one person. This continuous care is an actual necessity in a surprisingly small proportion of cases.

Eight, ten, and twelve hour duty, as instituted in some hospitals, provides varying amounts of nursing care and is a step in the right direction. However, some patients may need only eight hours of nursing care out of the twenty-four, but it is stretched out at intervals, and cannot be condensed into eight consecutive hours. To meet this need, Group Nursing has been proposed, and would seem worthy of careful study.

What is Group Nursing? It is generally accepted to "designate that type of nursing service in which patients are grouped in a special ward or unit for the purpose of receiving nursing care of a specific quality and cost." The term

(An address delivered at an Open Meeting of the Private Duty Section of the Registered Nurses Association of Ontario, Windsor, April 21, 1933.)

* "The American Journal of Nursing", June, 1931. "Institutional Nursing as Defined by the Joint Distribution Committee."

has been applied to nursing service in hospitals where the ratio of patients per nurse has varied from two to one to ten to one, but for the purpose of this paper, I am confining myself to those experiments where it has been the intent to keep the ratio of patients to nurse at two or three to one, at least during the morning hours. This ratio is based on the number of nurses actually engaged in floor duty, not the total of nurses employed throughout the hospital.

There has been considerable variation in the methods of operation. The majority of the systems studied maintain an eight-hour day for the nurses. In all but one instance, the nurses are employed and paid by the hospital. The salaries range from \$90.00 to \$130.00 a month and differ as to the amount of maintenance included. The amount charged to the patient, by the hospital, for continuous service, varies from \$4.00 to \$8.00 for twenty-four hours care.

One well established system, in St. Mary's Hospital at Rochester, Minnesota, has been in operation since 1920. Here the ratio of patients to a nurse is only two to one, both day and night, the nurses alternating day and night duty. The patients are in single adjoining rooms. The patients retain the same nurses as long as they wish this type of care and pay the nurses directly.

A rather recently instituted system, but one which shows promise of great success, is at Mt. Sinai Hospital, New York City. A floor, planned and built with group nursing in mind, consists of six large four-bed wards, arranged in pairs, with a utility room and nurse's station between each pair. Two nurses are on duty in each ward from 7.00 a.m. to 3.00 p.m.; one from 3.00 p.m. to 11.00 p.m.; and one from

11.00 p.m. to 7.00 a.m.; the nurses from adjoining wards relieving each other for meals. Much thought has been given to working out the details of this experiment, and reports after a year in operation, are favorable from the points of view of patient, hospital, doctor, and nurse.

The Massachusetts General Hospital, St. Luke's Hospital, Duluth, Grace Hospital, Detroit, and the Psychiatric Department of Johns Hopkins Hospital report favorably on their experience with group nursing.

The extra transferring of patients is agreed to be one of the chief difficulties of administration. Other objections raised by some who have experimented unsuccessfully or are generally opposed to the system are:

1. If one patient requires more care than another, it is unfair to the one needing less, but paying the same.
2. There is danger of partiality being shown one patient.
3. It is only "glorified general duty."
4. It takes work away from the special nurse.
5. If one nurse cares for patients with different doctors, conflicts will arise when the doctors make rounds.
6. The patient gets no more than he should be entitled to for the price of his room.

Unfairness and partiality can be effectively avoided by the employment of the right type of nurse. Without doubt, it requires understanding, ingenuity, and tact on the part of a nurse to deal with three different temperaments, in one room, at the same time. However, if the nurses are carefully selected with these qualities in mind, these objections should fade into insignificance.

That it is scarcely different from general duty is true only if the ratio

of patients to nurse is allowed to become too great.

It is generally conceded by hospitals using group nursing that most patients availing themselves of it would be unable to afford special nurses. Rather than taking work away from special nurses then, it is creating work for some of them who would otherwise be making the waiting list longer for the rest.

Regarding the making of rounds, if doctors and nurses are unable to arrive at some system of co-operation by which rounds can be made to the satisfaction of all concerned, in the interest of the patient, for whose benefit group nursing was primarily instituted, is there not a more vital maladjustment than the problems created by a new system of nursing service?

Whether this type of nursing provides more care than should be included in the price of a hospital room is the next consideration. If not, why should the patient be obliged to pay extra for this nursing care? The charge is made that some hospitals have allowed their general floor service to deteriorate to an extent that patients, with even minor illnesses, feel the necessity of having a special nurse in order that their needs may be supplied. It is asserted that the added technical and administrative duties expected of general staff nurses have decreased the time available for actual bedside care of patients.

To how much nursing care then is a patient entitled for the price of his hospital room? A ratio of one nurse available for actual bedside care for every four or five patients is conceded by some to provide satisfactory floor service.* If this be true it would seem that a ratio of one to two or one to three would insure sufficient additional attention to warrant an extra charge.

Furthermore, why should patients demanding extra attention and able to pay for it, obtain it for the price paid by other patients on floor care who do not need or demand so much attention?

One reads much about the comparison of Group Nursing with General Staff Nursing. Is it a question of Group Nursing *vs.* General Staff Nursing? Why not Group Nursing in addition to General Staff Nursing? This would leave all the arguments in favour of bettering general floor care intact, but would relieve the floor of the burden of caring for patients who wish additional attention and can pay for it.

Persons connected with the experiments studied for this paper agree that Group Nursing offers the following advantages:

To the patient it supplies graduate nursing care at a lower cost than the rate for continuous special nursing. This, coupled with satisfaction of the patient as to quality and quantity of care received, constitute a strong argument in favour of Group Nursing.

To the doctor it has proven the equal of special nursing in accuracy of carrying out orders, in co-operation of the nurse, and in her interest in caring for the patient. In fact, Doctor A. H. Lockwood maintained in a paper published in the *Canadian Nurse* in 1928, that "experience has shown that with the right type of nurse, the attention is often more thorough because when it is necessary to work under greater tension and pressure, efficiency is developed."

To the hospital, the advantages are a more constant staff of nurses, a closer contact with the nurses,

* See "American Journal of Nursing", February, 1931. Shirley Titus, "Institutional Nursing".

and the appreciation of patients that have been benefited by the opportunity of using the service.

To the nurse it offers steady employment with regularity of earnings and shorter hours. Judging from the testimonies of nurses who have been engaged in group nursing, they find it interesting, stimulating and satisfying.

The similarity of experience in various systematically conducted ventures, adds weight to the opinion that group nursing can be advantageously employed, to the satisfaction of all parties concerned. The degree of success seems to depend largely upon the care with which plans are worked out for instituting such a service. Special arrangement of rooms, adequate provision for equipment in close proximity to the patient's room and the limiting of the ratio of patients to nurse, have been found to contribute in large measure to its successful operation.

Let us now turn our attention to the patient in the home who needs some skilled nursing care but does not require it over a long period of the day. There are many such patients. Nursing by the hour, furnished at a stated time, to patients who can afford to pay for skilled nursing but do not need it continuously, has developed into what we now call Hourly Appointment Nursing. It is not a new idea. Registries have, from time to time, for many years, received isolated requests for a nurse for an hour or so at a time, and hourly nursing has been offered by some Visiting Nurses Associations, in addition to their regular service, for the past ten or fifteen years. The *extension* of the field of hourly nursing, however, has been a fairly recent innovation. Visiting nursing is, of course, similar in many ways, the chief differentiation being that

hourly nursing is paid for on a time basis, rather than on a visit basis, and that it is furnished at a stated time, that is, by appointment. The fundamental principles governing all public health nursing are applicable to hourly nursing and its aims and objectives are the same.

The Joint Committee on Distribution of Nursing Service of the American Nurses' Association has drawn up a set of Tentative Standards for Hourly Nursing Appointment Service which furnishes a very excellent guide to anyone planning to institute such a service. It states first "that its purpose must be to serve the public economically, efficiently and in terms not now being met adequately, and second that there must be a perpetually experimental attitude towards the work so that it may be kept at all times abreast of current needs." The principle of fixed responsibility is important in establishing an hourly nursing service in order to offer organized protection to patient, nurse, and community. To quote from the Tentative Standards:

This principle of a fixed responsibility recognizes the distinction between a free lance project in hourly appointment service, and that launched by some definite organization. A committee or organization has, as its objective, that of providing sound nursing service to the community, whereas an individual establishes this service largely from the viewpoint of personal convenience and personal fortune. The community anticipates, and has a right to expect, stability both in duration and in quality of service, from an organization, which it cannot require from an individual. While it is recognized that many nurses working on a free lance basis give service of excellent quality, it is also realized that these nurses cannot control the quality of work of their associates, nor can they assure the community that the service will be available regardless of changes in their personal fortunes. Furthermore, these individual nurses cannot explore further needs, develop new methods or promote an adequate program of hourly appointment nursing.

What organization or group should assume the responsibility for administering hourly appointment service? There are a number of possibilities. It would seem that an already existing organization engaged in health work in a community should take this step rather than necessitating the formation of an entirely new organization. Depending on the size of the community, this may be any one of the following:

1. The organization which administers the visiting nurse service.
2. The nurses official registry.
3. A hospital.

If none of these exists, a committee composed of members representing groups who are concerned with health problems, such as the health department, the medical profession, any public health nursing agency or a group of interested lay persons could well sponsor such a service. A Rural Home Bureau asks how its members might go about establishing such a service. A Social Service Center, which operates a clinic, considers adding hourly nursing to its activities. A project in Paris was undertaken by the heads of several Schools of Nursing working co-operatively. These are examples of how adaptations of the general principles can be made to fit in with available resources.

Many requests are received from individual nurses wishing to start hourly nursing independently. It is recognized that there may be communities where none of the agencies described exists, or where none of them is interested in sponsoring an hourly service. In such instances, certain recommendations should be made to guide a nurse starting this work on her own responsibility. Suggestions for these individual ventures have been prepared and can be secured from the Headquarters of the American

Nurses' Association. May I quote a short paragraph from these suggestions:

We suggest that in developing your Hourly Nursing Service you keep in mind the possibility of broadening into an organization. Visiting Nurse Associations have shown us that the nursing needs of home patients are best met through an organization. Too, a nurse working for an organization, we believe, has a better opportunity than when working alone, for attaining the things we want for all nurses—reasonable hours, reasonably adequate income, regularity in leisure, opportunities for further study and for promotion, and a longer more profitable working life.

Specific recommendations are then enumerated in regard to policies, techniques, records, fees, relationships with the medical profession and all other agencies.

In whatever way the service is administered, it is absolutely essential that co-operation exist with the medical profession, and that there be a rigid adherence to professional ethics. A Medical Advisory Committee is most desirable in the administration of an hourly nursing service. If there are to be standing orders, they should be obtained in collaboration with the local medical society. It is recommended specifically that a doctor shall be in attendance on all cases.

Co-operation with all health and social agencies is imperative if a well rounded community program is to be ensured. The keeping of accurate though simple records and accounts is necessary, in order to evaluate the work being done, and to serve as an aid to further development.

A continuous program of publicity is essential. The availability of hourly nursing and how it can be used to advantage must be kept constantly before the physician and the public.

Editor's Note: A second article by Miss Simmons will appear in the July issue of the *Journal*.

ARE THEY DOWNHEARTED?

Serious reductions have recently been made in the Public Health nursing staff of the Province of Manitoba. Nevertheless their News Letter for April reflects the typical Western reaction to trials and tribulations:

While it is difficult to see the silver lining through the fog of our present difficulties, we remember having gone through it before. In 1922, the department faced exactly the same difficulties that we do to-day, without the support of that health consciousness in our people which they now possess. The staff who may suffer through their work being taken from them, are assured of every effort to assist them during the present trials. At this time of the year, when hope springs forth anew, we may confidently hope that nursing service will ultimately be restored to the people.

A valuable suggestion concerning the profitable use of compulsory "leisure" is embodied in a letter written by Miss A. Wasko:

I have just returned from Ninette

Sanatorium, where I spent eleven days of my month's compulsory leave observing the work. It certainly is a wonderful opportunity for any nurse to learn something worthwhile about tuberculosis, and also to have sufficient rest, good food, and a pleasant time generally.

Just to show that a sojourn at the Provincial Sanatorium has definite professional, as well as hygienic and cultural values, Miss Minshall contributes this comment:

A tuberculosis diagnosis clinic has been held at Ninette School. The procedure in this clinic is similar to that of a travelling tuberculosis clinic, except that complete physical examinations are given only to those who react to the test. At the first tuberculosis clinic in my district, histories and temperatures were recorded just previous to the intra-cutaneous injections. This caused considerable delay to the doctor giving the tuberculin. In order to save time, I took the temperature and wrote the histories the previous day. This saved the time of one doctor, and 90 children received tuberculin in forty-five minutes.

Are they down-hearted? No!



Department of Public Health Nursing

CONVENER OF PUBLICATIONS: Mrs. Agnes Haygarth, 21 Sussex St., Toronto, Ont.

COMMUNICABLE DISEASE NURSING IN THE HOME

MARION E. NASH, Educational Director, Victorian Order of Nurses, Montreal.

For the past nine years, the Victorian Order of Nurses in Montreal has been giving nursing care to cases of communicable disease in the home. The question is sometimes raised whether or not these patients should all be treated in hospital, but various circumstances combine to make this impossible, and the visiting nurse by caring for this type of illness is making a real contribution to the community welfare. The teaching possibilities are manifold, and the opportunities many, for helping, not only to control the spread of these so-called communicable diseases of childhood, but to prevent the complications that often do as much damage as the original infection.

In undertaking to give such a service, the Victorian Order of Nurses recognizes that it has:

A responsibility to its staff.

A responsibility to the community in that there must be no danger of carrying infection from house to house.

An obligation to consider the cost.

In order to protect the health of the nurse, arrangements are made for every nurse to have a physical examination before being admitted to the staff, and yearly thereafter. Shortly after appointments are ratified, each nurse is given a Schick test, and, if necessary, immunized against diphtheria. Typhoid vaccine is given at regular intervals. Only those nurses who have had communicable disease training are engaged.

To make doubly sure of protection for both nurse and patient, a routine procedure has been worked out, and a mimeographed copy is given to each nurse. A demonstration of this procedure is given in the classroom, and wherever possible, we arrange for an observation visit in the home. At least one supervisory visit is made with every nurse while she is on this service. Nurses are not assigned to this duty until they have been six months on the staff. The service rotates, each nurse taking her turn for a period not exceeding one month at any one time.

The third item, the cost, is in part controlled by carrying the milder infections as part of the general program. These cases are cared for at the end of the day. Because of public opinion, and because the human element must be considered when we are dealing with life, it has been found necessary to assign a special nurse to scarlet fever, diphtheria, or erysipelas. This nurse does not visit maternity or surgical cases, but she does carry chronic and medical cases, such as pneumonia and influenza.

To the best of our knowledge, during this nine-year period, we have never had a case of cross infection; nor have we had but one nurse develop a communicable disease. This one case occurred in the early days of the experiment, and before our nurses were immunized.

The following is an outline of the procedure used by our organization. We would appreciate comments or criticism.

Equipment

If the case is known to be communicable, the nurse takes with her the following extra supplies to be left in the home:

Thermometer. Bottle green soap. Nail brush. Cap and gown. Applicators and tooth picks. Tongue depressors. Small roll absorbent cotton. Bedside notes and pencil.

On first visit newspaper bags, squares and additional newspapers.

Mode of Procedure

In room, as remote as possible from the source of infection, place bag on clean newspaper. Protect with a newspaper the chair on which outdoor clothing is to be placed, folding coat so that lining is protected.

Open bag and remove two paper towels, one of which is to be used for a clean surface, and bottle of green soap.

Put watch and cuffs on this clean area.

Roll sleeves well back. Make paper bags and squares.

Wash hands under running water.

Re-open bag, remove bottle of alcohol, 5 or 6 paper towels, a couple of toothpick swabs, and anything else required for treatment.

Receipt book and records are to be removed and left on closed flap of bag.

Close bag and do not re-open unless hands are washed.

Spread a second towel, and on it place articles needed for treatment, paper squares, towels, and watch, and take these into the room with you, along with paper bags already prepared.

Consider as uncontaminated only the two clean areas that you create for yourself, one within and one without the room.

If a New Case

Cap and gown are to be put on at once, and assemble articles necessary for care:

2 basins—one for nurse and attendant, one for patient.

2 cakes soap—one for attendant, one for patient.

1 nail brush, wash cloths and towels.

1 slop pail, kettle or pitcher of hot water, pitcher of cold water, clothes boiler (partially filled with cold water) or large pan—(if electric washer, clothes boiler may be omitted).

2 glasses—one for mouth wash, one for thermometer.

1 small basin, tooth brush, brush and comb, vaseline for thermometer, cream for lips, boracic powder and solution, lysol or other disinfectant, applicators, tongue depressors.

Arrange on tray when possible. Have attendant clear dresser or table in patient's room and cover with clean newspapers and towel. Prepare mouth wash and other solutions. Prepare any treatments ordered. Then proceed as outlined under the following caption:

If Old Case

On entering room put on cap and gown.

Take pulse, handling watch on square on paper towel.

Pull gown aside with the other hand and slip watch into pocket.

Cleanse hand basin, drop in brush and ask attendant to boil same. Take temperature and while thermometer is registering, make fresh solution and prepare mouth wash. Read and cleanse thermometer.

Put disinfectant in pail. Empty all solutions into pail. Cleanse mouth, dropping swabs into paper bag.

Teach patient to use squares of old muslin or paper napkin in which

to collect discharges; leave bag for same in convenient place.

Give any treatment that is ordered.

Remove clean brush from basin with paper square and wash hands after giving treatment. Empty and refill basin. Give general care.

Place soiled linen in boiler ready to be put on to boil, or wrap in paper until it is to be transferred to electric washing machine or to disinfectant bath. Transfer all waste to one bag ready for burning.

Wash hands, empty and refill basin, always using paper squares to handle soap, bottle, basin, kettle, and pitcher.

Write bedside notes.

Scrub hands thoroughly, empty and refill basin. Remove cap and gown, turning infected side in, and place in paper bag. Wash hands, empty and refill basin for attendant. Place conveniently paper bag for waste, soap and paper squares for use of attendant.

Leave room, wash hands under running water, clean nails with swab stick moistened in alcohol, and rub a little alcohol into hands. Open bag, write records, return alcohol and soap bottle to bag.

Have family open door.

Concurrent Disinfection

Teach attendant to wear gown when caring for patient, teach how

to remove and hang gown and to wash hands before leaving room, and to go directly to the tap and wash under running water.

To burn left-over food, and to boil patient's dishes.

How to care for excreta and bedroom vessels.

To have patient use paper or muslin squares for all discharges from mouth and nose, and to collect these in paper bags and burn.

To keep room clean, light and well ventilated, and to protect mattress and pillows, as far as possible.

Terminal Disinfection

At the close of the case, teach attendant:

To burn all that can be burned, such as books and papers.

To boil bedroom vessels and bed linen.

To wash blankets and hang in the sun to dry.

To put mattress and pillows in the sun for, at least, twenty-four hours.

To clean room thoroughly.

The nurses' supplies are returned to the office, where the cap and gown are sterilized, and the other articles boiled. The thermometer is washed with green soap, rinsed, and wrapped in an alcohol swab for ten minutes. Laboratory tests of this method have proven it to be reliable.

LETTERS TO THE EDITOR

The Right Spirit

Please find enclosed a renewal of my subscription to *The Canadian Nurse* and accept my sincerest thanks for your consideration in sending it to me during these months after my subscription ran out. I was really unable to renew sooner, as I have had almost no work at all during the past year. However, I have been fortunate in securing a position and am spending part of my very first cheque to pay my subscription, as I find a great deal of real interest in our magazine and would not be without it.

Allow me to congratulate *The Canadian Nurse* on its new uniform and its several improvements. I think articles such as *The Frontier Hospital*, in the March issue, are of real home interest and would like to see more of them.

R. A. H., '30,
Alberta.

The Open Forum

You asked for comments on *A Statement of Policy* in the May issue. I like the suggestion of an open forum; a question box is usually interesting and helpful.

Speaking of case studies, I thought perhaps that a member of our medical staff who has been very ill, when he is sufficiently recovered, may be induced to

write his own case history, giving us both the physician's and patient's viewpoints.

I hope that every private duty nurse reads the article on *Nursing in Private Homes*. There were only two points it missed: the nurse who has such sore feet and poor health, or who, so engrossed with a book or fancy work, that the patient hates to disturb her. With best wishes for the success of *The Canadian Nurse*.

DOROTHY THOMAS,
Chatham, Ontario.

"The Nurses' Word"

Two weeks ago the Yugoslavian nurses had their yearly meeting in Ljubljana. There were delegates from all over the country and it was a good and successful piece of work for this small group of Slovenian nurses. I was at the opening as the delegate of the Institute of Hygiene. Amongst other things, there was an extremely interesting historical and chronological exhibition of popular health literature by Slovenian authors. In the near future we shall have a little meeting with the local nurses in order to discuss critically the International Congress. The Zagreb group have started to issue a monthly paper, "*The Nurses' Word*".

DR. AMALIA SIMEC,
Ljubljana, Yugoslavia.

BOOK REVIEWS

IMPROVISED EQUIPMENT IN THE HOME CARE OF THE SICK, by Lyla M. Olsen, R.N., General Superintendent of Nurses, Kahler Hospital, Rochester, Minnesota. 197 pages, 285 illustrations. Published by W. B. Saunders Company, London and Philadelphia. Canadian agents: McAinsh & Co., Ltd., Toronto. Second edition, March 6, 1933. Price, \$1.50.

This book is a complete little volume, just the right size to slip into a nurse's bag. It should help the young graduate to surmount some of her difficulties, and prove of considerable value to any nurse working in a rural district.

Many of the suggested improvisations have been successfully tried out by experienced Public Health nurses; some others appear to be fairly difficult to manipulate, and presuppose rather primitive conditions.

Of especial interest are the suggestions for weights for Buck's Extension, for hypodermoclysis outfit, drip bulb for Murphy drip and for graduated measuring glass. The illustrations add much to the value of the book. An acceptable gift for a nurse on graduation day.

ROSE TANSEY, R.N.,

Supervisor, V.O.N., Montreal, Que.

STATE BOARD QUESTIONS AND ANSWERS FOR NURSES (Foote). Eleventh edition, 1933. Revision—1,002 pages. Published by J. B. Lippincott Company, Canadian Office, 525 Confederation Bldg., Montreal. Price, \$3.50.

This book, compiled by Dr. Foote and first published about

fifteen years ago, has firmly established itself in nursing literature. While it is not recommended as a textbook for student nurses, it has long been the friend of the young graduate nurse, when reviewing her studies in preparation for registration examinations.

The 1933 edition is excellent, as the subject matter has been carefully prepared by eleven instructors in leading Schools of Nursing, who are actually presenting the various subjects in the classroom.

The subjects are classified as follows:

Materia Medica: Anne Ziegler, R.N., Instructor in Materia Medica, Bellevue Hospital, New York.

Anatomy and Physiology: Caroline Stackpole, M.A., Associate in Biology, Teachers College, Columbia University.

Hygiene and Bacteriology: Elsie E. King, R.N., B.S., Science Instructor, St. Mary's School of Nursing, Rochester, Minn.

Medicine: Florence K. Wilson, R.N., M.A., School of Nursing of the University of Nebraska.

Surgery: Luella Gardner, R.N., Instructor in Surgical Nursing, Cook County School of Nursing, Chicago.

Gynecology and Obstetrics: M. Cordelia Cowan, R.N., M.A., Educational Director, Women's Hospital Post-graduate School for Nurses, New York City.

Pediatrics: Mary E. Norcross, R.N., B.S., Assistant Director, School of Nursing, Children's Hospital, Boston.

Dietetics: S. Margaret Gillman, M.A., Director, Department of Nu-

trition, New York Hospital, New York.

History and Ethics: Eula B. Butzerin, R.N., M.A., Director, Course in Public Health Nursing, University of Minnesota.

Chemistry: Gretchen O'Luros, B.A., Department of Nursing Education, Cass Technical High School, Detroit.

Psychiatry and Neurology: Edith M. Haydon, R.N., Superintendent of Nurses, St. Elizabeth's Hospital, Washington, D.C.

Another interesting feature is that space is given, at the end of each chapter, to the newer type of examination questions with answers, such as (a) Completion Type; (b) True-False Type; (c) Selection Type (Single Choice); (d) Selection Type (Multiple Choice); (e) Analogy Type; (f) Matching Terms Type. The method of conducting this type of examination is also very carefully explained.

The set-up of the book conforms with high standards of production. The type and spacing are good and the index is carefully prepared. It contains a wealth of up-to-date material in the subjects mentioned, and will be invaluable to graduate nurses in any field and will serve as an excellent aid to the Nurse Instructor when preparing the newer type of examination questions.

MARTHA BATSON, REG.N.,
*Instructor of Nurses,
The Montreal General Hospital
Training School for Nurses.*

RECEIVED FOR REVIEW

WHEAT, EGG OR MILK-FREE DIETS
WITH RECIPES AND FOOD LISTS,
by Ray M. Balyeat, M.A., M.D.,
F.A.C.P., Associate Professor of

Medicine and Lecturer on Diseases Due to Allergy, University of Oklahoma Medical School; Chief of the Allergy Clinic, University Hospital; Consulting Physician to St. Anthony's Hospital and to the State University Hospital; President of the Association for the Study of Allergy, 1930-31; Director, Balyeat Hay Fever and Asthma Clinic; assisted by Elmer M. Rusten, M.B., M.D., and Ralph Bowen, B.A., M.D., Chief of Section, Dermatology; Chief of Section, Pediatrics, of Balyeat Hay Fever and Asthma Clinic, Oklahoma City, Okla. Published by the J. B. Lippincott Company, Canadian Office, 525 Confederation Bldg., Montreal. Cloth. Octavo. Illustrated. 149 pages.

NURSES HANDBOOK OF OBSTETRICS,
by Louise Zabriskie, R.N., Field Director, Maternity Centre Association, New York City. 535 pages, 280 illustrations, 6 of which are in colour. Published by the J. B. Lippincott Company, Canadian Office, 525 Confederation Bldg., Montreal. Price, \$3.50.

A CORRECTION

In the May issue of the *Journal*, an appreciation, by Dr. Maude Abbott, of A General History of Nursing, by Lucy Ridgely Seymer, was published. The MacMillan Company of Canada has requested that attention be drawn to the fact that, while The MacMillan Company of New York was correctly given as the house of origin of this publication, it is published in Canada by the MacMillan Company of Canada, Limited.

Notes from the National Office

Contributed by JEAN S. WILSON, Reg. N., Executive Secretary

THE NATIONAL EXECUTIVE.

The Canadian Nurses Association, a federation of the nine provincial registered nurses' associations, is the recognized professional organization of nurses in the Dominion of Canada. Representing over nine thousand registered nurses, the Association requires an able body to formulate policies, prepare programmes and direct activities. The group to which is entrusted these responsibilities is the Executive Committee.

The personnel of the Committee includes the five officers, elected by ballot at each biennial meeting of the C.N.A.; the chairmen of the three national sections of 1, Nursing Education; 2, Private Duty; and 3, Public Health; and the Councillors, that is the chairmen of the corresponding provincial sections and the presidents of the provincial associations,—forty-four members in all. This method of appointment for a national executive body gives the federated units equal representation, responsibility and privilege in participating in national nursing progress. It is probable that many members of the provincial organizations do not fully realize the extent of the demands made upon their own officers who, by virtue of their office, are also automatically required to share the heavy responsibilities of the Executive Committee of the National Association.

The Executive Committee meets immediately prior to, and following, biennial meetings, and in the interim, it has become customary for the President to call a meeting every three months. Executive

Committee meetings can, however, be called at any time, subject to a request in writing from two or more of the federated units. These meetings are usually held in the city in which the President resides. Five members form a quorum, but frequently it is possible to have seven or more members attend. A very worthy and desirable objective is the holding of an Executive Committee meeting midway between biennial meetings of the C.N.A., at which would be present one or more Councillors from each Province. At present, contact with the entire forty-four members must be chiefly by correspondence. Members are notified three weeks in advance of each meeting and of the proposed agenda. Later, a copy of the Minutes, recorded in detail, is mailed to every member.

Executive Committee meetings always require from five to six hours of continuous attention. The agenda includes reports from executive officers at headquarters, financial statements, reports from Standing and Special Committees, National Sections, Provincial Associations and those organizations with which the C.N.A. is affiliated. In addition, correspondence for consideration by the Executive is varied in subject and is voluminous.

Standing Committees:

The three Standing Committees are:— (1) Programme, (2) Arrangements, (3) Publication. The first two are responsible for the general preparations for the biennial meeting, while the third is an advisory body in the interests of *The Canadian Nurse*.

Special Committees:

The Special Committees are appointed by the Executive Committee, as occasion arises, for the study of specific problems. Their findings and recommendations are submitted to the Executive for its guidance in determining future actions and policies in connection with the problem subjects. The naming of personnel for Special Committees is dependent on the nature of the subject to be considered. Some require provincial representation, while others must be chosen because of their proximity, so as to permit personal conferences; also, it is imperative that those who have special qualifications and experience for a definite subject should be sought for appointment. The time for which a special committee functions varies. To cite specific instances: the Committee to which was delegated the responsibility of having placed in the Hall of Fame, Parliament Buildings, Ottawa, a Memorial Panel to Canadian Nurses, carried on for over six years. At present, there are two Committees of long standing: The National Enrolment Committee, first organized in 1926, and the National Joint Study Committee, originally appointed in 1927. In addition to these long term committees there are a number of others in operation at present, viz:

Membership Campaign.

Exchange of Nurses.

Florence Nightingale Memorial Fund.

Historical Development of Nursing in Canada for the Biennial Meeting, 1934.

History of Nursing in Canada.

The promotion of publicity by which higher education of Nurses in Canada may be brought to the attention of nurses and the public through *The Canadian Nurse*.

The use in commercial advertising of pictures of nurses in uniforms.

Religious Guilds for Nurses.

The study of means whereby the co-ordination of nursing education acti-

vities may be undertaken, through a central organization representing the three National Sections.

It is unnecessary to add that the secretarial and stenographic work necessary in the administration of the Executive Committee and in meeting demands from the Special Committees' activities is tremendous. The major portion of this work is done at the National Office, where the staff consists of the Executive Secretary and one assistant.

It is surmised that C.N.A. members wish to be informed of the "machinery" by which the national organization carries on. This brief account is inadequate, as it is impossible to recount the unselfishness of those members who accept the responsibilities of office and administration on behalf of the Association at large.

NATIONAL ENROLMENT OF NURSES

Several years ago, at a General Meeting of the Canadian Nurses Association, there was discussed the question of the Association approaching the Canadian Red Cross with a recommendation that negotiations be opened with the Federal Government to bring about a system of enrolment from which nurses would be appointed to military service when needed, and from which they might be called upon for emergency work in time of any national and provincial disaster. Finally, it was decided that a special committee should be appointed by the Executive. The three members elected were the three immediate Past-Presidents, C.N.A. Their first undertaking was to arrange for a conference between the President of the C.N.A., the Director-General of the Medical Services of the Department of National Defence, and the Chief Commissioner of the Canadian Red Cross Society.

The scheme presented by the C.N.A. was in effect that:

The plan be put into operation by the C.N.A. in co-operation with the Canadian Red Cross.

Nurses enrolled would be known to be ready for emergency service, in case of war or disaster, the provincial divisions of the Canadian Red Cross co-operating with the Provincial Registered Nurses Association to keep the enrolment accurate and up-to-date.

The National Office of the Canadian Red Cross to have ready for the Department of National Defence a complete list of nurses who have volunteered for emergency service, should that Department require such a list at any time.

Later, the C.N.A. was advised by the Director-General of Medical Services that the scheme laid down at the conference received the full endorsement of the Department of National Health. The federated associations of the C.N.A. were then asked to express opinion and to state the extent to which they would be willing to support a scheme of enrolment. The replies were sufficiently favourable to warrant the C.N.A. Enrolment Committee consulting further with the Canadian Red Cross Society. The latter organization stated its willingness to proceed with the plan. The method of enrolment drafted by the Committee received the approval of the C.N.A. and the Canadian Red Cross Society. Briefly the plan is:—

The names of nurses wishing to enroll are collected by the Provincial Registered Nurses Associations and are passed on to the provincial offices of the Canadian Red Cross after eligibility has been determined.

Eligibility is determined by (a) Registration in any province of Canada; (b)

Recommendation by the Executive of the Provincial Nurses Association in the Province in which the individual resides.

The C.N.A. is not directly concerned in the enrolment of individuals but is represented by its members on the National Nurses Enrolment Committee of the Canadian Red Cross Society. This Committee consists of six members, three from each organization.

The enrolment on the part of the nurse is entirely voluntary and, while the act of enrolment means that a nurse is ready to respond to calls for service, there are a number of conditions which will receive consideration by the joint committee before a nurse is called to service. These are:—

The responsibilities of the position she is holding.

The urgency and importance of the work upon which she is engaged.

The type of work for which she is best fitted.

The nature of the service required.

The enrolment, thoughtfully carried out by the members of the C.N.A. with each one fully realizing the responsibility she has undertaken, will undoubtedly be the means of saving many valuable lives when nurses are needed by the Red Cross or the Department of National Defence. Members of the C.N.A. representing the Association on the National Enrolment of Nurses Committee in the Canadian Red Cross Society are: Miss Ruby E. Hamilton, Convener, Miss E. MacP. Dickson, Miss Ruby M. Simpson and Miss Rahno Beamish.

Information and forms of enrolment can be obtained from the Secretary of each Provincial Association of Registered Nurses.

News Notes

News items intended for publication in the ensuing issue must reach the Journal not later than the eighth of the preceding month. In order to ensure accuracy all contributions should be typewritten and double-spaced.

ALBERTA

EDMONTON: On April 12 the Graduating Exercises of the Royal Alexandra Hospital, Edmonton, took place, and forty-five nurses received their diplomas, prizes, flowers, congratulations and advice, and commenced a new chapter in the book of nursing. Miss Munroe, Superintendent of the school, stated that, in its 26 years, the school had graduated 434 nurses. The standard has been considerably raised and Junior Matriculation is now required for admission. One dominant note seemed to prevail in the addresses of the afternoon: the nurse's place as a force for good in the community and the tremendous scope in the world today for women who are physically, mentally and emotionally prepared to work side by side with men in bringing about better conditions, beauty and harmony in daily life.

Following the exercises, members of the Woman's Hospital Auxiliary served tea to the graduates and their friends, and on Wednesday evening, the annual dance, given by the Hospital Board, in honor of the graduating class was held, when Miss Munroe, Superintendent of Nurses, Mrs. A. F. Anderson and Mrs. E. T. Love received the guests.

The Alumnae Association of the Royal Alexandra Hospital has donated the sum of two hundred dollars to help to equip a dietetic department in connection with a new chemistry laboratory opened recently for the use of the R.A.H. student nurses. Through the winter the Association has also aided the Victorian Order of Nurses by supplying knitted garments for children.

On April 4, 1933, at Fort McMurray, Ruby Alberta Irish (Class '31, Royal Alexandra Hospital) was married to Richard Douglas Ferrier.

The regular meeting of the Edmonton Association of Graduate Nurses was held on April 19. The speaker, Mrs. A. R. Osborn, presented a very practical and interesting ideal: "How to live on 24 hours a day." "We must not merely live to work" (said Mrs. Osborn), "we must learn to live graciously; and refrain from carrying over yesterday's burdens into today. We should complete today's duties the best we know how, then leave it behind and start the new day with a clean sheet. It is the carry-over that burdens life."

The annual banquet given in honor of the graduating class of '33 was held on March

29, when 118 covers were laid, and a most enjoyable evening was spent.

LAMONT: Miss Noreen Lum (Lamont '32) has just completed a post-graduate course in obstetrics at the Vancouver General Hospital, and on April 8 sailed for Hong Kong, China, where she will engage in hospital work. Miss Grace Oyama, (Lamont '28) is enjoying her work in St. Luke's International Hospital, Tokyo, Japan.

LETHBRIDGE: The annual dinner of the Lethbridge Graduate Nurses' Association was held on April 3, forty-five members being present. Following the dinner, bridge was enjoyed by all.

At a recent meeting of the private duty section of the Lethbridge Graduate Nurses' Association, it was decided that the fees for 12 hour special duty be reduced for the present, to \$4.00. Formerly the charge was \$5.00 for 12 hour duty. Reductions in fees have also been made in a number of other cities in the Province.

NEW BRUNSWICK

SAINT JOHN: A very successful silver tea was held recently under the auspices of the Women's Hospital Aid at the S.J.G.H. Nurses Residence. A substantial sum was raised to carry on their work among the hospital patients.

The marriage took place on April 15, of Thelma Noddin (S.J.G.H., 1925) to Mr. H. I. Steele.

Miss L. McIntosh (S.J.G.H.) was married recently to Mr. Peter Woodcock.

REGISTERED NURSES' ASSOCIATION OF ONTARIO

DISTRICT 1

ST. THOMAS: The marriage of Miss Florence Treherne to Mr. Elvon Wisson took place on March 3, 1933. Miss Treherne was a member of the 1931 graduating class of the St. Thomas Memorial Hospital.

WINDSOR: The Hotel Dieu Hospital Alumnae Association held their regular meeting in April, when Dr. L. G. McCabe gave a very interesting lecture, showing slides illustrating The Disease of Cancer and its Symptoms. There was a large attendance of members.

DISTRICT 2

BRANTFORD: Miss Ethel Johns, Editor of *The Canadian Nurse*, was a recent guest of Brantford General Hospital School for Nurses, when she addressed a large group of graduate and student nurses, the subject being—A Hungarian School of Nursing. During the course of her address, she described the political and economic situation in Hungary and also told of many interesting experiences during the organization of the Hungarian School for Nurses. Miss E. M. McKee, superintendent of the Brantford General Hospital, acted as chairman of the meeting and Miss Marjorie Buck, President of the R.N.A.O. introduced the speaker. Following the address a reception was held.

Miss J. M. Wilson, Miss K. Charnley and Miss O. Pickell, attended the annual meeting of the R.N.A.O. held recently in Windsor.

At the monthly meeting of the Brantford Nurses' Alumnae Association, arrangements were made for entertaining the graduating class of 1933. Miss K. Charnley, delegate to the R.N.A.O. convention, gave a splendid report of the meetings held in Windsor.

GUELPH: Miss Helen Pass, Guelph General Hospital, class 1930, is recovering after a recent serious illness.

OWEN SOUND: Graduates of the Training School for Nurses of the Owen Sound General and Marine Hospital during a period thirty years, since the school was first instituted in 1903, and other graduate nurses who have made Owen Sound their professional field, held their first banquet recently. Covers were laid for eighty at long banquet tables. Miss Cora Thompson, president of the Owen Sound Nurses' Alumnae Association, presided. An interesting programme was arranged. The speaker of the evening was Col. T. J. Rutherford. Plans have been formed to make this spring-time banquet an annual rally for the members of the nursing profession in Owen Sound and its immediate district.

SIMCOE: Misses M. Buck, H. Booth and M. Widdis, of the staff of the Norfolk General Hospital, and Misses S. Wallace and M. Holland of the Hospital Registry, attended the annual R.N.A.O. Convention in Windsor.

Miss Winter of the Victorian Order of Nurses of Toronto recently gave a demonstration on "Obstetrical Care in the Home" at the Norfolk County Medical Association meeting. An invitation was extended to the nurses to attend this meeting and there was an excellent response.

WOODSTOCK: The Alumnae Association of the Woodstock General Hospital, met April 4, at the Nurses' Residence, Miss G. Jefferson presiding. An interesting programme was arranged under the convensership of Miss A. Cook, and splendid musical numbers were

given, following which tea was served and the evening closed with a social half hour.

Miss H. Potts, Superintendent of the Woodstock Hospital, Miss Ella Eby and Miss A. Cook, attended the Annual meeting of the R.N.A.O. held at Windsor. The latter two were sent as delegates from the Alumnae Associations.

Many pleasing comments were made regarding the redecorating of the Old Wing Sitting Room at the hospital. This was financed by the Alumnae Association.

DISTRICT 4

HAMILTON: The April meeting of St. Joseph's Hospital Alumnae Association proved extremely interesting when Dr. W. P. Downes delivered a lecture on Coronary Thrombosis. Miss Mabel MacIntosh brought home a full report of the convention in Windsor.

The last entertainment of the season took place on April 28. This was an informal dance under the convensership of Miss Florence Nicholson and her able committee. The guests were received by the president, Miss Eva Moran, and approximately seventy couples were present. During the intermission entertainment was provided by Marjorie, Mary and Adell, three tiny tots of about five years of age. A substantial sum of money has been realized from bridge parties and dances, which is being used to purchase necessary articles for the training school. An anatomical model has been procured and it is the intention of the members to continue this work.

Miss Florence Mary Carroll (St Joseph's Hospital, 1927) was married recently to Mr. A. Smith of Point Pleasant.

Our members are sorry to hear of the illness of Sister M. Bernadine. The members of the Association regret the untimely death of Sister Alphonsine of the office staff, and extend their sympathy to her family.

DISTRICT 5

TORONTO: A meeting of The Community Health Association of Greater Toronto, was held in the Academy of Medicine, Toronto, on the evening of May 1, with an attendance of about seventy-five members. A letter was read from the Canadian Red Cross Society soliciting the assistance of the membership at a Tag Day to be held in the near future. The Committee on Maternal Welfare reported satisfaction at the success of the Maternal Welfare Institute held recently under its sponsorship. Dr. Frederick Tisdall, of the Department of Pediatrics, Hospital for Sick Children, spoke on "The Health of the Pre-School Child." Mrs. Helen Bott, Instructor, Parent Education Division, St. George's School for Child Study, spoke on "The Training Programme of The St. George's School for Child Study." At the close of this very interesting meeting, refreshments were served.

Miss Kathleen Burt (T.G.H. 1930), sailed on April 28, for a visit to England and Scotland. After attending the International Congress of Nurses in Paris, she will go to Vellore, India for two years, as supervisor in the Medical College Hospital.

TORONTO HOSPITAL FOR SICK CHILDREN: Miss O. Kerr is in charge night duty of the Infant Ward and Miss Kathleen Fortune has joined the day staff in charge of the Ear, Nose and Throat Department of the Hospital for Sick Children.

Dr. and Mrs. Walter Oakes (Louise Rogers 1928) have moved to Clinton, Ont. Miss Nora Moore has been appointed Director of Public Health Nursing in Toronto, and Miss Zada Keifer has been appointed assistant to Miss Moore.

Miss Irma Janet Hartley (H.S.C. 1926) was recently married to Dr. Ernest Rupert. They will reside in Toronto.

A bridge and dance was held recently at the Grant Macdonald Training School for Nurses. The committee included Miss I. Weekes, Miss K. Cuffe and Miss M. McCullough. The ballroom was prettily decorated in green and white and a very enjoyable evening was spent.

DISTRICT 6

PETERBOROUGH: Chapter C, District 6, R.N.A.O. held their monthly meeting on April 25, at the Nicholls Hospital Residence. In the absence of the President, Miss Dixon, Mrs. Leason graciously consented to act as Chairman. There was a good attendance. Reports were called for from the various committees. Especially good was the report of the Education Fund by Mrs. Leason. Discussion took place as to ways to raise funds for the McGill School for Graduate Nurses. Miss Young and Miss Lauder were appointed as a committee for this purpose. The programme for the evening was very instructive. A chapter from the Survey of Nursing Education was well presented by Miss Walsh, choosing for her theme: "Is Nursing a Profession?" Miss Anderson gave a brief review on the Windsor Convention. Miss Anderson will, at a later date, give a full report.

DISTRICT 8

OTTAWA: The Maternity Institute, sponsored by a representative committee of District 8, R.N.A.O., was conducted at the Ottawa Civic Hospital by Miss E. M. Cryderman, Ontario supervisor of the Victorian Order of Nurses for Canada. Thirty graduate nurses were present from public health institutional and private-duty fields of District 8, all of whom were keenly interested in the refresher course. Miss Marjorie Robertson, chairman of the public health section, presided, and Dr. T. A. Lomer was

present at the opening session. He spoke briefly on the growing interest in maternal welfare.

Miss Cryderman spoke at the morning session, when she outlined the broader aspects of maternal welfare problems, and devoted considerable time to a discussion of the subject of nursing supervision during the pre-natal period. The importance of breast feeding and the work of the Mothercraft Societies of England and Toronto, were discussed thoroughly during the afternoon.

Miss Elizabeth Smellie entertained at dinner at the Chelsea Club in honor of Miss Marjorie Bell, director of the Visiting Housekeepers Association of Toronto, who spoke at the evening session on the "Nutrition of Pregnancy." Following her address, Miss Gertrude Bennett and her staff at the Ottawa Civic Hospital served refreshments.

A discussion of group teaching was led by Miss Cryderman, who described the work being done in New York, Montreal and Toronto with classes of expectant mothers. An exhibition of posters showing maternal and infants' clothing was the centre of much interest. Miss Kate McIlraith, supervisor Ottawa branch of the Victorian Order of Nurses, gave an interesting demonstration of home preparation for confinement. Dr. W. J. Stevens, chief obstetrician of the Ottawa Civic Hospital, was present and answered a number of questions.

QUEBEC

MONTREAL: A meeting of the History of Nursing Society of Montreal was held at the Notre Dame Hospital on April 20 with Miss M. Batson presiding. We were disappointed to find that Dr. Maude Abbott, our Honorary President, was ill, and was therefore unable to favour us with the promised account of her trip in Greece. Miss Batson reported that a section had been set apart in the Medical Museum at McGill University for the archives of the History of Nursing Society, and told us that the collection is increasing and well worth a visit.

The programme consisted of three splendid papers given by students at the McGill School for Graduate Nurses, and sponsored by Dr. Abbott. The first paper, given by Miss Purtell of the Victoria General Hospital, Halifax, N.S., was on "The Primitive Mother." Miss Purtell pictured to us the nursing instincts of this woman, whom we should look upon as the founder of our profession.

Miss Buchanan of the Royal Victoria Hospital presented a paper on Asklepios made very interesting by translations from Roman and Greek mythology and delivered in a charming manner.

"Down the Ages in Bib and Tucker", an address given by Miss McLennan of the Royal Victoria Hospital, Montreal, was an

excellent history of the nursing uniform, from that of the Deaconesses and Virgins of the early Christian era, to that of the present day. These papers will be preserved in the archives of the Society.

The School of Nursing of the Children's Memorial Hospital held its graduation exercises on April 28, at which 18 nurses received the diplomas and pins of the school. Doctor H. B. Cushing was in the chair, and the Very Rev. Arthur Carlisle, D.D., pronounced the invocation. A short resume of the work of the Institution during the past year, and an explanation of the new policy of the School, namely the abolition of the undergraduate course and the establishment of a post-graduate and affiliate school, was given in the chairman's address. Dr. Cushing also expressed the regret of the members of the Hospital Board and the medical and nursing staffs, at the passing of Mr. George H. Smithers, who for many years, was the friend and president of the institution. Dr. C. F. Martin, Dean of the Medical Faculty, McGill University, gave the address to the graduating class. Mrs. F. A. Finley presented pins and diplomas to the new graduates, after which the group repeated the Florence Nightingale Pledge. Mrs. J. D. Oppe presented special prizes to those of outstanding ability.

The Alumnae Association of the Children's Memorial Hospital entertained on April 27, at dinner, in honor of the graduating class of 1933. Miss A. S. Kinder, Honorary President

of the Association and Superintendent of Nurses, Dr. Mary Childs, prominent in the paediatric and child welfare work of the city, Miss E. B. Asplet, and fifty guests and members were present. The toast to the King was proposed by Miss Gough. Miss E. Alexander, after reading an interesting letter from one of the Hospital's first patients, proposed a toast to the Alma Mater. Miss Kinder proposed the toast to the graduating class and the response was given by Miss M. Collins, president of the class. Dr. Mary Childs, guest speaker of the evening, gave an interesting and entertaining address to the new members of the profession. A toast to the absent members was proposed by Miss E. Bottomley and to the profession by Mrs. C. H. P. Moore. The entertainment supplied by the small pupils of Miss Betty Spiers School of Dancing, proved to be a source of delight to all. Miss Paterson is to be congratulated on the success of an enjoyable event.

A very pleasant musical evening was held at the Western Hospital on March 14, which was attended by about a hundred nurses and their friends. The artists who contributed to the programme were: Miss Marjorie Howell, F.T.C.M., pianist; Miss Phyllis McLearn, soprano, Mrs. A. E. Coleman, elocutionist, and Miss Norma McLean, violinist. Miss McLean also brought a small orchestra, composed of her pupils, who played several selections. Mrs. Edith Haines-Keuster was the accompanist.

OBITUARY

FULLER—There passed away into the life beyond, on April 7, 1933, after a brief illness, in the Montreal General Hospital, Miss Ella Florence Fuller, R.N., esteemed member of the Alumnae Association of the Montreal General Hospital School for Nurses (Class 1916). Miss Fuller was a highly respected member of the Private Duty Nursing group, and was as well known for her charming and sweet manner

as for her kindly and capable administrations. She will be sadly missed by all with whom she ever came in contact.

McGIBBON—At Hamilton, on April 29, 1933, after a year's illness, Catherine McGibbon. Miss McGibbon was a graduate of the School of Nursing of the Toronto General Hospital, Class of 1908, and is deeply regretted by all who knew her.

. . . OFF . . . DUTY . . .

Our critics are our best friends . . . we know it . . . and try to stifle our cries . . . beneath their salutary blows . . . but sometimes the worm turns . . . as in the present instance . . . take News Notes, for example . . . a most important section . . . of this Journal . . . due on the eighth of the month . . . yes they are, too . . . look under the News Notes caption . . . there it is in cold type . . . but here it is the ninth . . . and not a quarter of them in yet . . . and the printer howling horribly for copy . . . next month the critics will view with alarm . . . why does the Journal not do its duty . . . where is that account of our graduating exercises . . . it was sent in on the eighteenth . . . and the Journal goes to press on the fifteenth . . . that is the answer . . . now we have begun about News Notes . . . we are going to lose all control over ourselves . . . and speak our mind . . . News Notes should describe events of professional interest . . . meetings and so forth . . . dates should be given . . . names should be spelt correctly . . . yes, Miss Spoopendyke . . . we spell it with an "i" . . . unless you notify us . . . to the contrary . . . marriage announcements appear in News Notes . . . under appropriate local headings . . . but not in the body of the Journal . . . a wedding by the river's brim . . . a simple wedding is to HIM . . . but it is nothing more . . . at least not to us . . . not long ago . . . one of our colleagues chided us . . . for being so hard-boiled . . . what about human values, said she . . . have they not a place? . . . certainly, said we . . . but not in the body of the Journal . . . unless the nuptials happened to be yours . . . when, of course, it would be stop-press news . . . even if you sent it in . . . on the fifteenth . . . we would feature it . . . perhaps in a leading article . . . but certainly in the body . . . why? said she . . . spectacular news value, said we . . . then the announcements of the arrivals . . . of the younger generation . . . if we printed them all . . . we should have to throw out our editorial . . . an alternative which is unthinkable . . . from our standpoint . . . so now you know . . . how we feel . . . about those News Notes . . . due on the eighth . . . and here it is the ninth . . . and not a quarter of them . . . here yet . . . but we seem to be starting . . . all over again . . . oh, yes, we forgot . . . no more announcements of births . . . even the dotted line . . . must be drawn somewhere . . . no . . . not even in News Notes . . . due on the eighth . . .

Official Directory

International Council of Nurses:

Secretary, Miss Christiane Reimann, 14 Quai des Eaux-Vives, Geneva, Switzerland.

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New Brunswick: (1) Miss A. J. MacMaster, Moncton Hospital, Moncton; (2) Sister Corinne Kerr, Hotel Dieu Hospital, Campbellton; (3) Miss Ada Burns, Health Centre, Saint John; (4) Miss Mabel McMullen, St. Stephen.

Nova Scotia: (1) Miss Anne Slattery, Box 173, Windsor, (2) Miss Elizabeth O. R. Browne, 612 Dennis Bldg., Halifax; (3) Miss A. Edith Fenton, Dalhousie Health Clinic, Morris St., Halifax; (4) Miss Jean S. Trivett, 71 Cobourg Road, Halifax.

Executive Secretary: Miss Jean S. Wilson, National Office, 1411 Crescent St., Montreal, P.Q.

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Saskatchewan: (1) Miss Elizabeth Smith, Normal School, Moose Jaw; (2) Miss G. M. Watson, City Hospital, Saskatoon; (3) Mrs. E. M. Feeny, Dept. of Public Health, Parliament Bldgs, Regina; (4) Miss M. R. Chisholm, 805 7th Ave. N., Saskatoon.

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MANITOBA

Manitoba Ass'n of Registered Nurses

President, Miss Jean Houston, Ninette, Man.; 1st Vice-President, Miss M. Reid, Nurses Home, W.G.H. Winnipeg; 2nd Vice-President, Miss Christine McLeod, General Hospital, Brandon; 3rd Vice-President, Sister Krause, St. Boniface Hospital Board Members: Misses M. Lang, K. W. Ellis, C. Taylor, I. McDiarmid, M. Meehan, E. Shirley, E. Carruthers, K. McLearn, Sister Superior, Misericordia Hospital; Sister St. Albert, St. Joseph's Hospital; Miss J. Purvis, Portage la Prairie, General Hospital. Conveners of Sections: Nursing Education Section, Miss M. C. Macdonald, Central T. B. Clinic, 668 Bannatyne Ave., Winnipeg; Public Health Section, Miss A. Laporte, St. Norbert, Man.; Private Duty Section, Miss K. McCallum, 181 Enfield Crescent, Norwood, Man. Conveners of Committees: Legislative Committee, Miss C. Taylor; Directory Committee, Miss E. Carruthers; Social and Programme, Miss C. Billyard; Secret Visiting, Mrs. J. R. Hall; Treasurer and Registrar: Mrs. Stella Gordon Kerr, 753 Wolseley Ave., Winnipeg.

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QUEBEC

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Associations of Graduate Nurses

ALBERTA

Calgary Association of Graduate Nurses

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BRITISH COLUMBIA

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A.A., Orillia Soldiers' Memorial Hospital

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INSTITUTIONAL CO-OPERATION

V. E. BLACK, M.D., Moose Jaw, Sask.

A doctor responding to a call, found a man and his wife ill with influenza. He prescribed after examination, and returning the next day to see how they were progressing, met the man at the door. "How are the patients today?" he inquired. "I'm fine," replied the man, "but I'm afraid my wife is no better." "That's too bad," said the doctor. "Did you take all the medicine?" "Yes," replied the man, "I took all the whisky and I gave the wife all the quinine." The moral of this story is that the greatest good for the greatest number depends on our willingness to take our share of the things coming to us, both of what we like and what we dislike. This is the essence of co-operation.

There are four pivotal points in the management and functioning of a hospital. The Board, the Superintendent, the Principal of Nurses, and the Medical Staff. In many hospitals, each of these considers itself *the* most important, a condition which is frequently the basis for friction. I do not intend expressing any opinion as to their relative importance, but I will say that the efficiency of a hospital

can be measured in terms of the amount of co-operation that exists between them.

In considering the question of the co-operation that should exist, let us first define the word hospital. The definition I wish to give you expresses in a few words what it is, what it stands for and our duty to it. A Public Hospital is a community's expression of its humanitarian duty towards its sick and injured citizens. Thus, we start with the premise. The hospital is for the patient. We must therefore remind the Medical Staff that the hospital is not for the convenience of the doctors, but to enable them to more surely diagnose their cases and more effectually treat them, in other words, to render better service to the patient.

We must remind the Principals of some training schools that the hospital is not primarily an institution for the purpose of training young women for a profession, that efficient nursing service is the goal, and thoroughly educated and trained nurses a by-product.

We must remind Governing Boards that a hospital cannot be a money-making institution, that it cannot even be a self-supporting one, and that every possible cent

An address delivered to the Saskatchewan Hospital Association.

can be spent to advantage if thought be used in the spending. The most glorious dividends in the world are paid by it, not in dollars and cents, but in health, reduction of disability and return to activity of the husband or breadwinner, the wife or homemaker, or the child and future citizen.

We must remind Hospital Superintendents that theirs is one of the most difficult of vocations, increasing in complexity from day to day, demanding, even in ordinary times (to say nothing of times of stress like today), the utmost in business ability and foresight, as well as courtesy, tact, diplomacy and firmness. They must ever watch against attempting to fit the patient to the hospital, and must strive to fit the ever-changing methods of hospital administration to that never-changing factor, the patient, the human being in an abnormal state.

It is only a short seventy years ago that hospitals were known as Houses of Death. A name well merited, when we consider that their mortality rates, in surgery and maternity, sometimes reached 60 to 70 per cent. Picture them as having practically two departments—one to prepare the patient's food, or do washing in; the other, a ward to treat him in. Even today in some of the older hospitals, the ringbolts remain in the floor beside the bed, where, after sawdust had been sprinkled on the floor, the patient was made suitably drunk, and tied down. A knife was sharpened on a whetstone and all necessary preparations for a major operation were then considered complete. Compare such hospitals with modern institutions in one particular only—the one that is the true index of efficiency—namely, the mortality rate, and we feel justified in giving a new name to hospitals: The House of Life.

This House of Life, with its multiplicity of departments, has created a new profession, that of Hospital Managership. It has also created a need for a Board of Governors, whose work differs completely from that found in any other business institution, the only one approaching it in any respect being the modern hotel. As seen from the viewpoint of a staff member, this Board should be more or less permanent, an ideal appointment for a business man without a hobby. If he will take it up as such, he will in a few years become a wonderful aid to efficient management. I do not think any Board member can be of much value to the hospital for at least two years after appointment, no matter how good his intentions or previous business experience.

The Board, as a whole, should formulate the policies that the Superintendent will endeavour to carry out. A sub-committee of two or three, composed preferably of older board members, functioning as a consulting committee, with the Superintendent, obviates the necessity of too frequent board meetings and promotes smoother function and efficiency. I make here a plea for freedom of action on the part of the Superintendent; if he does not make good, discharge him, but the Board, having formulated a policy, should let the Superintendent carry it out, as the directors of any other institution would their managing director.

As between the Superintendent and the Principal of Nurses, co-operation is most necessary and often least in evidence. The best way to secure it, is to have the duties of the two positions so clearly set forth that there can be no trespass of one on the prerogatives of the other. From this point, co-operation will begin.

In considering the Superintendent and the Medical Staff, I would

suggest that the Superintendent be available when staff meetings are held, to slip in a few minutes to interpret to the staff the policies of the Board, to explain the reason for some change of routine, to obtain the staff's views on other aspects of hospital function. Outside of staff meetings, he should confer, on hospital matters, only with appointed members of the staff advisory committee, and prevent any members of the staff from thinking that some members have undue influence in the management, or obtain special favour.

The Superintendent should co-operate with the Medical Staff in organizing a follow-up system. Larger hospitals have these, and smaller ones can have them in miniature. It would be possible for a member of the office staff to bring, from the record room every morning, the records of cases discharged three months before. It would be the staff doctor's duty to check his records each morning, and to each case, other than those of no particular interest, have a short letter dictated by the doctor, after refreshing his memory from the record. These follow-up letters would, almost invariably, make and keep fast friends for both doctor and hospital, as well as helping to check up the results of treatment.

In considering the Principal of Nurses in her relation to the Medical Staff, I must begin with a plea—may she always remember that her work has two objectives—a major and a minor. I am afraid that at times their positions are reversed. The major objective must always be to obtain, through nursing service, the best possible care of the patient. The minor, the equipping of young women to enter the field of nursing.

There is to my mind today a very grave danger in smaller hospitals where either the eight-hour system

or a block system does not exist, that, in an attempt to have the nurse fitted to write examinations for certificates, we either run the risk of breaking her physically or of asking her to carry on nursing duty when fatigue from the work of lecture and study have rendered her unfit to give good nursing service.

I strongly protest too much lecturing. As I look back, it seems strange that so large a percentage of the more successful nurses come from those who seemed only average and sometimes less in examination. Let us never forget, the true nurse is born, not made. I think again, an advisory committee of the Medical Staff should be appointed to whom the Principal can go on matters concerning nursing service, nurses or their training.

The Medical Staff must remember that their responsibility to the nurse-in-training extends from her acceptance to her graduation and after. They owe it to her to teach her, on duty as well as at lecture, to point out with kindness and consideration her mistakes, not in front of patients, to give her little pointers of value, and to watch her health, though the periodic health examinations which are now being done in some places pretty well takes care of that. It is often said that the trained nurse is extravagant and wasteful in the home. I wonder if the staff doctor ever thinks how much he is to blame for that habit? In other words, how many staff men are as careful in the use of hospital supplies, gauze, bandages, catgut, syringes, etc., as they are of their own? Yet we do all this under the watchful eyes of a nurse-in-training.

In earlier hospitals, the Medical Staff and the Board were one and the same, but as the complexity of hospitals increased and the world became more aware of the inapti-

tude of the doctor for business, the two separate bodies came into existence. Now it is not considered good form for a medical man in practice to be a member of the Board, though an advisory committee of the staff is most valuable. These two bodies too often stand far apart, and eye one another with suspicion. The Board contends that the doctor considers only his own convenience, thinks the hospital built for him, is constantly asking for things not absolutely necessary, keeps non-paying patients there longer than necessary rather than make non-paying calls outside, is wasteful of supplies and many other things. Sometimes, in some of these respects, the Board is right.

The Medical Staff, on the other hand, having a hard time to keep up with newer hospital procedures and new forms of treatment, think that a frequently changing Board, composed of men with a dozen other interests demanding their attention, can know very little of modern hospital management, but think mostly in terms of dollars and cents, instead of lives and health; that they try to make the hospital self-supporting, a thing it cannot be, and many other things, and sometimes in some of these things the staff is right. This is not as it should be, and the understanding of one by the other is the only way to cure it.

One of the best ways to help would be, once or twice a year, to have the two groups meet around the dinner table, not to scratch one another's backs, but after dinner, with pipe or cigar, to listen to one or two thoughtful speeches by members of both groups, each setting out its viewpoint. Education of each regarding the other's problems would take place, and co-operation begin. Such a co-operative move between the staff and the

Board would enable the hospital better to fill one of its recognized but too little used functions, that of a centre of health, knowledge and education.

If an article is published in the local paper on a health subject or given over the radio, by one of the staff, the question of an attempt at undue publicity is raised immediately, but if, through arrangements made by the Board with the paper or radio, an article once a month or less were given, sponsored by the hospital, the effect on the public would be favourable to the hospital and doctors alike. For example, an article might appear in a January edition of the local paper on measles, its beginnings, its course, complications, etc., sponsored by the hospital or hospitals of the city. This could be followed in February by one on diphtheria, and these could be carried on, touching on child welfare, occupational diseases, appendicitis, or a hundred different subjects, and all be reflected in the public mind by favourable reaction to hospital and doctor alike.

Here is another point on which co-operation between Medical Staff and Board might affect a saving to the hospital. The average stay of private and semi-private cases in our hospital this last year is 9.6 days; the average in the public wards is 17.9 days. Another hospital in the Province has an average stay in hospital this year which is two days longer than the average of last year. Some may incline to blame the staff for keeping patients too long, but the real blame in many cases must go back to the city itself, as undoubtedly the homeless, sick indigent accounts for it. I suggest a concerted move on the part of Board and staff to urge the cities to provide board and lodging for those of this class who do not need hospitalization, and I

am confident they could obtain it for 75c per day for many of them, and save, for the hospital, at least \$1.00 per man per day.

The Medical Staff should co-operate in explaining charges to prospective patients so that they may receive their bills with an approximate fore-knowledge of its amount, rather than with a shock as to its size, which sometimes makes a destructive critic out of the otherwise grateful patient. The staff should co-operate in directing the patient to the type of ward his economic status warrants. Often the suggestion, coupled with a few words indicating the fitness of the general ward, will be all that is necessary to spare the patient extra expense, dictated by false pride. The staff can also co-operate effectively by prescribing more common and less expensive medication for indigent cases.

The staff of a hospital blessed with internes must accept the responsibility that implies. The interne is there to learn, and to complete with practical work and suggestions the largely theoretical part of his earlier course. His reaction to the hospital depends on the kind of training he receives, and there is not much inspiration in the routine of case histories, anesthetics, holding retractors and urinalyses. His reaction is known full well by the friends he has left at college, and results in the good hospital being able to pick and choose, the poor one taking what is left.

One scheme we are trying here to bring closer contact between staff and internes, is a form perforated for filing, on the patient's chart, on which the interne, after writing the history, writes a synopsis of the case with his diagnosis. The attending physician reads this, agrees or disagrees with the diagnosis, but at any rate discusses it.

There is also a section for the notation of any measures of treatment and of results. On discharge, this form is given to the interne, for filing and reference. Thus, at the end of his or her time, a complete record of their work on interesting or perplexing cases is at hand to carry with them.

We need the co-operation of the Medical Staff, the Board, the Superintendent and the Principal of Nurses to try and increase the number of post-mortems. In larger centres, the people become educated to this, while in this country the people still have a feeling of horror and a reluctance to consent. The Board must supply proper facilities for post-mortems, and, to comply with the standard for internes, at least 10% post-mortems must be obtained.

A word in closing on records. The American College of Surgeons has done a marvellous work in its hospital standardization program. Without it, I doubt whether our smaller hospitals would ever have attained their present standard of efficiency. But it seems to me that sometimes they make a fetish of records. In the larger hospitals, with more perfect records, the staff do not write them, they have not time. The staff in smaller hospitals have no more time than those in larger ones. The internes in the larger hospitals write them, and in many cases they average one interne for twenty to twenty-five patients. Our smaller hospitals average one interne to fifty or sometimes seventy-five patients. Now, if the records are kept up to standard, the interne is going to have little time for any other work. What shall we do? Try and balance his year or two with us to make it of interest as well as profit. No one will question the value of records, but when we accept the responsibility of the interne's last year or two, it seems to me that

this should consist in offering him a balanced year of practical work, and the application of his theoretical work. This will limit to some extent his record writing, and leave us, as heretofore, open to the criticism of incomplete records.

I may say this paper reminds me,

more than anything else, of the old-fashioned gun-shot prescription given with the pious hope that one of its ingredients will help, and if even one of the suggestions dealt superficially with here causes deeper thought regarding it on the part of one of you, I will rest content.

A GOLDEN JUBILEE

The Golden Jubilee of the School of Nursing of The Victoria Hospital, London, the third oldest training school in Canada, and the graduation exercises of the Class of 1933 were celebrated on May 29th and 30th, when the occasion was marked by a reunion of many of the graduates of the school, who now total nine hundred and ninety-six. The Stadium of The University of Western Ontario was the scene of the exercises. Forty-eight nurses were presented with their diplomas and badges; and eight students, from hospitals in which schools had been discontinued during their course of training, were given the diploma and badge of their own schools. Later, two members of the graduating class of Victoria Hospital, who were ill, were presented with their diplomas and badges by Dr. Fallis, the Superintendent of Victoria Hospital, and Mrs. Fallis.

The exercises were presided over by Mr. T. F. Kingsmill, Jr., chairman of the Hospital Trust. The processional was a very beautiful sight. The invocation was pronounced by the Rev. P. P. W. Zie-

man. This was followed by the report of the school given by Miss Hilda Stuart, Superintendent of Nurses. The Florence Nightingale Pledge was administered to the class by Dr. L. C. Fallis, and the diplomas and badges were presented by Mrs. A. E. Silverwood, former superintendent of nurses. The guest speaker was the Hon. and Rev. H. J. Cody, President of the University of Toronto, and Dr. G. A. Ramsay brought greetings from the medical profession. The band of the Royal Canadian Regiment, by courtesy of the Commanding Officer, rendered delightful music. The evening was devoted to class parties and a dance in honour of the graduating class.

On Tuesday afternoon, the visiting nurses were taken for a drive, returning for tea at the lovely country home of Dr. and Mrs. W. P. Tew. A great Reunion Banquet was held in the evening, at which about three hundred and twenty-five graduates of the School gathered to renew acquaintance and enjoy a happy time. At this function, the members of the graduating class were guests of honour.

STAFFING THE HOSPITAL WITH GRADUATE NURSES

MARJORIE BUCK, R.N., Superintendent, Norfolk General Hospital, Simcoe, Ont.

The title of this address is *The Hospital Planned for a Graduate Nurse Service*, though I do not think that our hospital at Simcoe, of which I shall speak because of my greater knowledge of it than of any other from this point of view, was built with any particular nursing service in mind. But it was planned by an architect who had seen a similar hospital building of this design, operated by a graduate nursing staff for over two years prior to the opening of our institution. This influenced him to build a twenty-three-bed, two-storey, T-shaped building, connected with an inside stairway and later by an elevator.

The kitchen, the nurses dining room, the nurses station (including diet tray service, medicines and charts), linen room, and office, are on the first floor of the left arm of the T, and the operating room, case room, linen room and nurses station are on the second floor directly above. The private and semi-private rooms stretch along the corridors of the first and second floors of the right arm of the T, ending in a sunroom which is now a four-bed ward. The rear of the T contains the elevator, two rooms for the nursery and, on the second floor, utility and dressing rooms. The end of the short bar of the T is a six-bed ward, on both first and second floors.

It will be seen that there was no attempt to provide units for surgical, medical or obstetrical patients, and also that less steps are required to service the public wards

than the private and semi-private rooms. Running water in these rooms and self-contained equipment relieves the situation somewhat. A more centralized nurses station would save steps in answering bells.

Organization and harmonious team-work is, of course, essential to the effective use of a graduate staff. We have not been able, in our building, to use unit or group nursing. From two to five nurses care for the whole floor, which may contain surgical, medical, obstetrical, pediatric or orthopedic cases. It seems to be more interesting and educational for them to do so.

Assignment of work is best done each morning and evening at the time of the change of shifts, when the relieving staff of nurses receives the report on each floor from the retiring staff. The senior (by length of service or ability) takes the lead, and sees that the work is fairly divided and that it will be carried out throughout the day during the hours off-duty. As simple a thing as taking out fresh glasses of water, at stated intervals, for all patients who should have them, is an illustration of the routine care which must be arranged for.

We have not been able to shorten the day so as to make it less than ten hours, although two meals are taken in that time, but we do give alternate half and whole days off duty or three and one-half whole days off per month. All the nursing staff, except four, rotate in taking day duty and night duty for terms of six weeks each. The non-rotating staff includes the superintendent, and the operating room

An address delivered at the Annual Meeting of the Registered Nurses Association of Ontario, at Windsor, on April 21, 1933.

nurse, who scrubs for all major and minor operations, including tonsillectomies. Before we had thirty-eight operations per month, this nurse also assisted with floor relief duty. A nursing supervisor circulates in the operating room and is laboratory technician as well. The office assistant is book-keeper and stenographer (she is, of course, a nurse) and is also the X-Ray technician. Of course, these four can relieve for each other or anywhere else, as needed.

Relief for days off or for extra work when there is a high census or there are very sick patients may be easily obtained from the nurses registry at salary rates. It seems poor economy to understaff, even for a short period, because patients do not receive the same standard of care, and nurses become overtired or ill. Slack periods may be taken care of by giving extra time off without pay. No difficulty has been experienced in this connection.

The minimum standard care given each patient is back-rub and bed-freshening twice daily; a bed or tub bath is given every second day at least, and hand basins are given three times daily to those patients whose condition does not demand more attention.

Medical and surgical supplies and linen are given out more freely, and with less requisitioning, than is the case with pupils who must be taught economy of use and correct distribution of these necessities.

The ratio of nursing staff to patients with us has varied from 1 to 2.2 to 1 to 1.3, depending upon the number of special nurses on duty. The ratio of the total staff (including dietary, housekeeping and laundry) to patients has varied from 1 to 1 to 1 to 1.5.

A dietitian is essential for modern diet therapy, and also a true economy in conducting the general

dietary service. Tray service, with us, is operated from the central kitchen by using a dumbwaiter and a cart on the elevator to the second floor. The trays are carried to the patients by nurses and by floor maids, of whom there is one to each floor. Between meals, nourishments are served by the nurses from their floor diet kitchen. Cafeteria service in the nurses dining room is an economy which can easily be carried out. Glass and indestructible table-tops mean less table linen to be washed, and the use of paper tray covers also helps to reduce laundry expenses.

A word regarding surgical supplies. Unless there is a voluntary organization which will help to make up supplies, it is an economy to buy dressings as nearly ready for use as possible. Convalescent patients and floor maids can also assist with this. We do no dispensing at the hospital, but, of course, we make up our standard solutions. Our doctors supply their own dispensed prescriptions.

Co-operation on the part of the medical staff is as essential in a hospital staffed by graduate nurses as it is in an institution conducting a school of nursing. At a monthly meeting of the organized medical staff, the work of the hospital is discussed with the superintendent, and staff regulations are drawn up which are of great assistance to her. These regulations deal with such matters as appointments for the use of the operating room, the rotation of the medical staff for the care of indigent patients, and so on. Staff nurses are invited to attend these meetings when addresses are being given which are likely to be of interest and value to them.

Our Board of Directors thoroughly approves the policy of employing a graduate staff and has been sympathetically interested in the changes necessitated by its

organization. Additions to the staff have been required as the hospital increased its capacity from its original total of 23 beds to 31 beds and 10 bassinets. This increase did not involve any actual extension of the building itself, but was effected by transforming private rooms into semi-private and semi-public wards.

Before the hospital was opened, there were several women's organizations whose function it was to furnish linen and other supplies. These have been merged into one Hospital Aid Society and a nursing club. As friendly and helpful visitors, they are an integral part of the organization of the institution.

At one time, the nursing staff was housed in rooms scattered throughout the hospital, an arrangement which, from several standpoints, was most undesirable. A nurses residence, with a single room for each nurse, is now available and this problem has thus been satisfactorily solved. Rules there

are none, except that it is expected that each nurse will show consideration for the others, and that all will remember that they are a part of the hospital organization, and therefore that what one nurse does will necessarily affect all the others.

The choice of nurses for a staff of this kind is not the difficult matter it would have been a few years ago. Nurses are today more willing to accept general staff duty and have a better understanding of its real nature than they had formerly.

Nurses also realize that, with added experience, they are in line for promotion, provided they display ability and are willing to carry responsibility. With this possibility in mind, promising members of the staff should be prepared to act as understudies for the more responsible positions so that, when promoted or used for relief purposes, they may perform their duties in an acceptable and efficient manner.

THE EXPANSION OF A SMALL HOSPITAL

M. E. WILKINSON, R.N., Superintendent for Ontario of Red Cross Outpost Hospitals.

The adjustments consequent to increased hospitalization involve more than an increase in the personnel of the hospital. Miss Buck, in her remarks, has dealt with *The Hospital Planned for a Graduate Nursing Service*. She has demonstrated that certain economies can be effected in the building *designed* for a smaller staff, and has suggested methods of administration that tend to efficiency and expediency.

It is difficult to conceive of a small cottage hospital of two or three beds, staffed by one nurse, developing into an institution of any size. The cost of remodelling such a building to accommodate more patients and more staff would be greater than the construction of a new hospital. On the other hand, the small hospital with nine to twelve beds, scientifically planned to include sufficient kitchen and laundry accommodation, utility rooms and wash rooms, can with comparatively small cost expand its service to care for fifteen or twenty patients by the addition of more ward accommodation to the main building.

We will assume that a ten-bed hospital, staffed by three graduate nurses, has two private rooms, one semi-private room and two public wards, with additional space for staff quarters, operating room, labour room, bathroom and utility rooms. The hospital should be on one floor only, with laundry, drying room, X-ray, kitchen and janitor's room in the basement.

A well-balanced building, from an architectural point of view may

provide for the staff quarters on the second floor or in a wing off the main building with separate entrance. With this complement, additional ward accommodation or private rooms, as required, may be added at a minimum cost.

The domestic staff for a ten-bed hospital should consist of a cook, one other woman who is part-time laundress and part-time maid, and a man who combines janitor service with cleaning and orderly work. The domestic staff to meet the demands of the hospital increased to twenty beds should include a full-time laundress, cook, two maids and a man.

As pointed out in Dr. Weir's Survey, and probably in every paper dealing with the subject of hospitals staffed by graduate nurses, one of the greatest advantages of this system lies in the flexibility of the nursing staff. Accepting the proportion of one graduate nurse to every two and a half patients cared for in twenty-four hours, we may add to our staff of three graduate nurses as required. If our twenty-bed hospital is running at full capacity, the nursing staff will be increased to eight.

A satisfactory distribution of nursing service provides for day duty only for the charge nurse who, while not attempting to do any actual bedside nursing, supervises all activities of the hospital, is responsible for the admitting and discharging of patients, book-keeping, compiling of reports and purchasing of supplies. The other seven nurses are on the same footing, and rotate from day to night service; two on night and five on day. It has been found of advan-

An address delivered at the Annual Meeting of the Registered Nurses Association of Ontario, at Windsor, on April 21, 1933.

tage to consider one of the five day nurses as assistant to the nurse in charge and responsible for the operating room.

The general bedside care of the patients is divided among the remaining four nurses. It has been found possible with this staff to give private patients care, including daily baths to all bed cases.

In a small hospital of twenty beds, staffed by this number of graduate nurses, no patient should be *required* to employ special nurses, unless they wish to have someone constantly with them. If a seriously sick patient is ordered special care or if all the patients are bed cases and additional nursing service is required for a day or two, the practice of employing an additional nurse on general duty rather than a special nurse has been found satisfactory.

For years, the leaders of our profession have spent their time and energy in establishing standards to which training schools must subscribe in order to gain recognition. The hospital in transition from a school of nursing to one with graduate staff and the hospital in the process of expansion from the small graduate staff to the larger unit must likewise maintain a standard.

Three conditions we believe to be imperative to the success of the hospital staffed with graduate nurses. The first point concerns the training of the staff, who should be chosen from recognized training schools. The second point deals with the number of nurses employed, which should be sufficient to insure adequate nursing care. Thirdly, the Hospital Act should specify the quality of nursing demanded in hospitals receiving the government grant.

When a professional group introduces the question of standardization, the first reaction of trustees

and members of the Hospital Board concerns its relation to costs, cost to the hospital and cost to the patient. An analysis of statistics obtained from the government, for last year, concerning nineteen hospitals, is most gratifying. These hospitals, staffed by graduate nurses, could accommodate from sixteen to forty-two adult patients. This list does not include Red Cross hospitals. The average bed capacity was 24.5. The average proportion of nurses per patient was 2.18. The per diem per patient cost averaged \$2.96 per day. Considering that the per diem per patient cost for all Ontario hospitals in 1932 was \$3.56, this average of \$2.96 is most convincing.

A comparative analysis has also been made of nineteen smaller hospitals conducting training schools. The per diem per patient cost of these hospitals was \$3.18.

COMPARATIVE TABLE

	<i>Student Staff</i>	<i>Graduate Staff</i>
Average bed capacity	29.0	24.5
Average nursing staff per hospital	11.42	6.47
Average number of domestics	5.52	5.16
Average number of patients per day for each hospital	15.5	14.10
Number of patients per nurse	1.36	2.18
Salary costs per patient per day	1.30	1.46
Food cost per patient per day	.568	.497
Total cost per patient per day	3.18	2.96

In this short paper, I have not attempted to discuss in detail many of the problems which are peculiar to the growth of the small hospital staffed with graduate nurses. In the event of a committee or section on hospital administration being organized in the Registered Nurses Association, I believe there will be many advantages to be derived by those who are constantly meeting and endeavouring to solve these problems.

TRANSITION TO GRADUATE NURSING SERVICE

AUBRA CLEAVER, R.N., Superintendent, The Galt Hospital, Galt, Ont.

When a hospital is in transition from a student to a graduate nursing service, the following important factors must be considered:—

Developing the full possibilities of the building.

Changing the routine of nursing service.

Solving the domestic help problem.

Promoting a helpful attitude on the part of the Medical Staff, the Hospital Board, and the Hospital Ladies' Aid.

Our hospital has seventy beds and was built over 40 years ago. There are three floors, with wings extending from the main part of the building. I mention this because these wings require a larger nursing staff than would be needed were the building differently planned.

Our nurses-in-training were housed in two separate buildings, with a third building for helps' quarters. With a lessened nursing personnel, one nurses residence is sufficient, each nurse having a single bedroom and the use of several sitting rooms. The nurses residence is far enough away from the main building to prevent the patients being disturbed, and the nurses therefore have more freedom. Finding ourselves with extra housing accommodation, the two other residences are now used for our ward helpers and domestic workers, all of whom live in, thus reducing the cost to the hospital.

Our obstetrical department, including case room, nursery, and private and semi-private rooms for obstetrical patients, are on the third floor of the main building.

The advantages of this location are that there is less noise in the rest of the building, less nursing staff is required, and there is no need of bringing patients from other floors to the case room. We have two operating rooms and the X-Ray Department on the second floor, again saving time and steps. The children's ward is in a wing on the main floor running off the main hall.

I believe that success in utilizing a graduate staff depends on the selection of the right type of nurse. Besides the usual qualifications of a good nurse, I would stress especially her power of co-operation, systematic methods in her work, and the fact that she can and does anticipate patients' and doctors' needs, not only in her own department, but in all the departments, and that she has in mind the hospital as a unit. With this type of nurse on the staff, there should be no trouble with discipline.

Monthly staff conferences are very helpful. They are a means of discussing problems and complaints that may have arisen, and tend to function as a form of staff government. Any complaint is looked upon as an unfortunate happening, and as reflecting upon the group as a whole.

We carried over from the school of nursing the idea of supervisors who are directly responsible for a department to the superintendent. They do not, like the rest of the staff, rotate from day to night duty or from ward to ward. As a vacancy occurs, we promote the capable rotating nurse, thus encouraging the acquisition of greater proficiency as a means toward advancement.

Under this new form of organ-

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ization, the supervisors' duties have changed. They are no longer responsible for lecturing, or for student discipline, or for the checking-up of the work. Because of their experience, they are expected to set an example of systematic method, and of the easiest way of doing work with the least waste of energy, and of more readily anticipating the needs of the doctors and patients. Some of the supervisors who have for years supervised and taught under-graduates find it very difficult to adjust themselves to these changed conditions.

When choosing our staff, we decided to take graduates from our own hospital for several reasons. They understood both the routine of the hospital and the characteristics of the doctors. They also needed the work, and, as we are the only hospital in the city, I did so want a co-operative feeling between the hospital staff and the Alumnae of the School. The doctors, some of whom are opposed to losing the training school, informed me that our hospital had produced good nurses, so I showed confidence in their nurses, which has not been misplaced, and I am able to say to these doctors: "You helped train these nurses, and I am sure they will give you satisfaction."

As soon as it was known that we were taking on a graduate staff, we received letters from several hundred applicants. It was easy to send them a courteous circular letter to the effect that we were taking only our own graduates. I had access to the training school records of our graduates, and this, with a personal interview, has proven a satisfactory basis of selection.

We have made no change in our selected staff. We did not engage any of the nurses who had just completed their course. They were

tired after three years of training, and it seemed better to encourage them to do special duty for a year or so; we did allow them, after obtaining their registration certificates, to be on our relief staff. As the hospital became busy, we used this staff, for a day or two, or for a week at a time, just as long as the occasion demanded.

We chose as the time to make this change October 1, which was the beginning of the hospital year. The holidays were over, the graduating class had finished, and the junior and senior classes, for whom arrangements had been made for their affiliation with other schools, were ready to start with the fall work.

This general change to graduate staff is felt in every department, and it seems necessary for either the superintendent or the assistant superintendent to go in from time to time and to demonstrate the changed procedure that must be followed.

Another branch of the work that required attention was that of the Women's Hospital Aid. They had, for years, shown an interest in the under-graduates, assisting with their dances, helping with their graduation exercises, and raising money for classroom equipment. With the loss of the training school, they felt less necessary, but, realizing the situation, they have developed their energies in meeting the many other needs of the hospital.

Our Hospital Board went into the financial side at great length. Dr. Routley and Miss Wilkinson, of the Ontario Red Cross Society, made a nursing survey for us. We had help from others who were interested and experienced in this type of nursing. They all gave us most encouraging figures. We shall be prepared to give a report, at the end of the hospital year, comparing the costs.

Our doctors seemed to find it difficult to adjust themselves to the decreased number of staff in the operating rooms and in the case room. In the operating room, for minor operations, we now have one graduate nurse; for major operations, we have two graduate nurses. In the case room, we have two nurses, one of whom gives

anaesthetic drops, while the other hands instruments and dressings with sterile forceps.

By means of this experiment we aim to give, at the same cost to the public, more efficient nursing service through a graduate staff, realizing that a happy, satisfied patient is the best way to popularize our hospital.

HOW REPLACE STUDENTS?

(Courtesy of Department of Public Information, American Nurses Association)

How many graduate nurses are needed to replace a given number of student nurses for service in the hospital? A recent study made at Bellevue Hospital, New York, by Miss Blanche Pfefferkorn, director of studies for the National League of Nursing Education, indicates that many of the previous estimates are pretty wide of the mark. One graduate cannot provide *twice* the hour-for-hour service that the student can give, and still maintain a good quality of nursing.

The study suggests that it seems more likely that graduates can safely replace students when both

groups are on the same weekly hour schedule, in a proportion of about three graduates to four students, or four graduates to five students. In applying any such ratio in a particular hospital, a number of factors must be taken into consideration, such as the hours of duty of both groups, the number of the entire student group who are on duty on the wards, and whether students are in their first, second or third year. The number of auxiliary personnel available, such as ward helpers and maids, also materially affects the ratio of nurses to patients.

THE MCGILL SCHOOL FOR GRADUATE NURSES

It will be a source of satisfaction and pride to nurses in every part of Canada to hear that the McGill School for Graduate Nurses will remain open for at least another year. The *Journal* is authorized to quote the following official statement:

At the Graduation Exercises on May 23rd the Principal announced that, because of the financial support given by the friends of the School and the Alumnae, it was his intention to recommend to the Board of Governors at its next meeting that the School would be continued for another year, and this will doubtless be approved.

As soon as it became apparent last autumn that the School was faced with a difficult financial problem a Central Committee was formed, chiefly composed of members of the Alumnae Association, together with other representative members of the nursing profession, and several friends and supporters who are not themselves nurses, but have long been identified with the work of the School. This Committee is at present composed of the following members:

Mrs. R. W. Reford, Montreal; Miss Mary Samuel, Montreal; Dr. Helen R. Y. Reid, Montreal; Dr. Maude Abbott, McGill University, Montreal; Miss Bertha Harmer, Director, School for Graduate Nurses, McGill University; Miss Grace M. Fairley, Superintendent of Nurses, Vancouver General Hospital; Miss Mabel F. Hersey, Superintendent of Nurses, Royal Victoria Hospital, Montreal; Miss Margaret Moag, Superintendent, Victorian Order of Nurses, Montreal; Miss Esther Beith, Executive Director, Child Welfare Association, Montreal; Miss Jean S. Wilson, Executive Secretary, Canadian Nurses Association; Miss Alice Ahern, Nursing Supervisor, Metropolitan Life Insurance Company, Ottawa; Miss Mabel K. Holt, Lady Superintendent, Montreal General Hospital; Miss Annie S. Kinder, Superintendent of Nurses, Children's Memorial Hospital, Montreal; Miss Cath-

erine M. Ferguson, Lady Superintendent, Alexandra Hospital, Montreal; Miss Caroline V. Barrett, Superintendent of Nurses, Maternity Division, Royal Victoria Hospital, Montreal; Miss Catherine C. Armour, Superintendent, Jeffrey Hale's Hospital, Quebec; Miss Flora Aileen George, Lady Superintendent, The Women's General Hospital, Westmount; Miss Beatrice Hadrill, Lady Superintendent, Homeopathic Hospital, Montreal; Miss Dorothy Cotton, Montreal; Miss Margaret Orr, Superintendent, Shriner's Hospital, Montreal; Miss Blanche Herman, Superintendent of Nurses, Western Division, Montreal General Hospital, Montreal; Miss Elsie Alder, President of the Alumnae Association of the School for Graduate Nurses (1932-1933); Miss Jane Craig, formerly Superintendent of Nurses, Western Division, Montreal General Hospital; Miss Edith McDowell, Instructor of Nurses, Sherbrooke Hospital; Mrs. Lawrence H. Fisher, Montreal; Miss Loretta Charland, Public Health Industrial Nurse, Montreal; Miss Madeleine Taylor, Victorian Order of Nurses, Montreal, President 1933-1934, Alumnae Association of the School for Graduate Nurses; Chairman, Miss E. Frances Upton; Executive Secretary and Registrar, Association of Registered Nurses of the Province of Quebec.

The Chairman of the Committee, Miss E. Frances Upton, has spared neither time nor energy in the campaign, and her courage and devotion, under discouraging circumstances, have been important factors in its success. Mrs. Lawrence Fisher acted as Honorary Secretary until recently, when this office was taken over by Miss Blanche Herman.

Under the general direction of this Central Committee, sub-committees have been formed in a number of centres in different parts of the country, and the activities of these groups have already realized a substantial sum which is immediately available. The accomplishment of the Ottawa sub-committee is outstanding, it having re-

sulted in the collection of almost two thousand dollars.

The Alberta Association of Graduate Nurses and the Graduate Nurses Association of British Columbia have come forward generously to the support of the project, and the following groups of graduate nurses and student nurses have given sums of money or made pledges extending over a period of years:

Alumnae Associations

Montreal General Hospital, Montreal
 Royal Victoria Hospital, Montreal
 Toronto General Hospital
 Homeopathic Hospital, Montreal
 Children's Memorial Hospital, Montreal
 Jeffrey Hale's Hospital, Quebec.
 Ottawa Civic Hospital
 St. Luke's Hospital, Ottawa
 The Western Hospital, Montreal
 St. Joseph's Hospital, Victoria.

Graduate Nurse Groups

Florence Nightingale Association, Ottawa
 The Nurses Central Registry, Ottawa

Student Nurse Groups

Graduating Class, 1933, Ottawa Civic Hospital
 Student Nurses of the Ottawa Civic Hospital

The response from the Alumnae Association of the School itself has been most gratifying, and a generous contribution made by the Board of Governors of the Jeffrey Hale's Hospital, Quebec, should stimulate other hospital authorities to recognize, in a similar manner, the value of the School to hospitals generally. Support from individual nurses has not been lacking and the Montreal sub-committee realized more than a thousand dollars at a bridge party, the success of which was largely due to the nurses themselves.

The program of the Central Committee for the immediate future is as follows:

To issue to the sub-committees as early as possible, a complete report of activities and accomplishments to date.

To secure publicity in the public press through the promised co-operation of the Canadian Associated Press.

To keep nurses in all parts of the country informed of the progress of the campaign through the medium of *The Canadian Nurse*.

To organize a follow-up campaign, through correspondence and personal interviews, with all those who have been approached but are as yet not co-operating.

To stimulate and to guide the members of the Alumnae Association of the School for Graduate Nurses, and nurses in general, to plan and to carry on an educational campaign, which will enlighten the public concerning the function of the School as an important factor in community health and welfare.

To keep in mind, and work toward, the establishment of a permanent endowment fund.

Obviously the battle is not yet won, and the raising of a permanent endowment fund must be undertaken at the earliest possible moment if the School is to be saved from recurring financial crises, such as the one from which it has just emerged.

Nevertheless the fact remains that a most favourable impression has been made upon the community at large by the gallant response of the nurses themselves in this emergency. The next step is to take advantage of this awakening interest on the part of the public, and to persuade other friends of nursing to follow the good example of those who have already given their support. Signs are not wanting that this task is already well advanced.

One of the most powerful agencies through which public enlightenment can be brought about is the press. The nursing profession owes the leading newspapers of Montreal a deep debt of gratitude for a dignified and sympathetic presentation of their cause.

The actual achievement of the Committee in terms of money is, in times like these, extraordinary. Pledges over a five-year period amount to more than twelve thousand dollars, and sufficient cash is already in hand to meet the estimated deficit for the ensuing year.

Generous gifts of voluntary assistance have also been forthcoming. In order to effect every possible economy, the Director of the School, Miss Bertha E. Harmer, has offered to serve without salary during the coming session. Miss Dorothy King, Supervisor of Case Work in the Family Welfare Association of Montreal, is giving her course of lectures in Social Case Work, free of all cost to the School, and the Association itself is waiving the usual payment for field-work supervision and instruction until such time as the School is on a sound financial basis. Miss Esther

Beith, R.N., Director of the Child Welfare Association of Montreal, and instructor in Child Hygiene, is also prepared to serve on a voluntary basis. The value of such gifts as these cannot be estimated entirely in terms of money even though they serve to materially lighten the financial load.

Canadian nurses and those who have faith in them have met this crisis in education in a truly magnificent manner, and the School itself is richer, not only in a material but also in a spiritual sense, as a result of their ungrudging effort.

A GRADUATION GIFT

The Board of Directors of the Public General Hospital at Chatham, Ontario, is proud of its School of Nursing and takes an active interest in the professional career of the students who graduate from it. This year the Directors presented the graduating class with paid-up memberships for one year in the Registered Nurses Association of Ontario, thus qualifying them to share the privileges of both the provincial and national nursing organizations.

In addition, each new graduate was presented with a year's subscription to *The Canadian Nurse*; thus making sure that these newcomers to the profession will enjoy and benefit from contacts which cannot fail to help them in their subsequent career. The Board of Directors of the Hospital, and Miss Priscilla Campbell, its Superintendent, are alike to be commended for having given the class of 1933 the opportunity of making such an excellent beginning.

BRITISH COLUMBIA ATTAINS ITS MAJORITY

ANNA L. GEARY, R.N., Vancouver

The Annual Meeting of the Graduate Nurses Association of British Columbia took on an air of festival for two reasons: the Association celebrated its twenty-first birthday and had the privilege of entertaining as its honour guest, the President of the American Nurses Association, Miss Elnora Thomson, who chose as the subject of her address: *An Appraisal of Nursing*.

Tea was served following the general meeting, by the Alumnae Association of St. Joseph's Hospital, and in the evening, a banquet was held, about one hundred members being present. Miss Thomson was again the principal speaker. Mrs. Bryce Brown, first president of the Association, was present and spoke informally, as did Miss Helen Randal and Miss Elizabeth Breeze, both past presidents of the Association.

On the following day, the question was discussed of assisting the McGill School for Graduate Nurses to carry on when, owing to curtailment of university grants, its continuance becomes impossible without contributions from other sources. A grant of \$500.00 was unanimously voted, and a message was sent to the Director of the School informing her of the decision of the meeting. Miss M. Duffield commented on the fact that the Vancouver Graduate Nurses Association had recently adopted the eight-hour day, at a rate of \$3.00 per day, in order to meet the mutual need of the patient and the nurse. Sponsored by the provincial

Association, a scheme is already on foot, by which the Vancouver branch of the Victorian Order of Nurses is to give an hourly appointment service, for the benefit of the patient who can not afford and does not require full-time care.

Suggestions for meeting the problem of unemployment, included a uniform provincial standard examination at fixed periods, with the idea of eliminating unsuitable students before they complete three years of training; a reduced enrolment of students in schools of nursing, together with the employment of more graduate nurses in hospitals. Miss Grace Fairley led the round table conference on nursing problems. Tea was served, at which the Alumnae Association of the Provincial Royal Jubilee Hospital acted as hostesses, and a special event was the cutting of the birthday cake by Miss M. Campbell, president of the Association.

At the final meeting Miss Randal presented her report, as Inspector of Training Schools, and Dr. Neil MacDougall, member of the Provincial Joint Study Committee, was the guest speaker. He outlined the special points in the *Survey* to which his committee had been devoting particular attention. Miss Campbell, the retiring president, was the recipient of a beautiful bouquet of tulips for which she made a gracious acknowledgment, and Miss Mabel Gray, Assistant Professor of Nursing, in the Department of Nursing and Health of the University of British Columbia, was elected by acclamation to the office of President.



THE EDITOR'S DESK

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Bon Voyage

A goodly number of Canadian nurses are embarking for the shores of France these fine summer days. In *Notes from the National Office* the Executive Secretary gives some details concerning the fortunate group who will participate in the International Congress. By the time these lines appear in print the President of the Canadian Nurses Association, its Executive Secretary and its official representatives will have set sail. The story of their adventures will be awaited eagerly, and will appear from time to time in the *Journal*.

A Hospital Number

The interest of the current issue of the *Journal* is centred in the hospital. The administrative aspects of hospital work have a very strong appeal to nurses endowed with business sense and executive ability, and they are entering this field in increasing numbers, and with conspicuous success.

The leading article, *Institutional Co-operation*, is written by Dr. V. E. Black, a general practitioner, who has a lively interest in the teaching as well as the clinical aspects of hospital service. His practical suggestions concerning the participation of hospitals in the health education of the community are worthy of careful study by hospital administrators.

It is not likely, however, that all nurses will entirely agree with Dr.

Black's views on nursing education. His statement that: "the hospital is not primarily an institution for the purpose of training young women for a profession", is, of course, perfectly correct, since the first duty of every hospital must be to care for its patients. Nevertheless the preparation of thoroughly educated and trained nurses is not a by-product of hospital service, as Dr. Black terms it, but is an end in itself, which must somehow be reconciled with, and not sacrificed to, the welfare of the patient. To effect that reconciliation, with justice to both patient and nurse is, or should be, the aim of all those who are in any way responsible for the care of the patient, the administration of the hospital and the direction of the school of nursing.

It is quite true, as Dr. Black points out, that there is a real danger of breaking a student nurse physically by expecting her to meet the heavy demands of active hospital service and, at the same time, to thoroughly study the theory of her profession. The remedy, however, is not to curtail the meagre instruction now afforded her, but to so arrange and limit her actual nursing work that she will not be too tired to profit by it.

Too many lectures of the wrong kind are doubtless what Dr. Black protests against, for it is quite evident that he thoroughly believes in the importance of clinical teaching at the bedside of the patient. This

type of instruction, given by physicians, is simply invaluable, not only to student nurses, but to the graduate staff, and it is encouraging to find that the present emphasis in nursing education is in this direction rather than on the former practice of giving formal lectures in the classroom.

The inter-relationship of the various groups which are concerned in assuring a smooth and efficient hospital service are admirably defined by Dr. Black and merit the close attention of all nurses engaged in this particular field.

Graduate Nursing Service

Three brief articles, bearing a certain relationship to each other, sustain the dominant hospital interest. In *Staffing the Hospital With Graduate Nurses*, Miss Marjorie Buck gives some excellent suggestions based on her own experience. Miss Aubra Cleaver writes of *Transition to Graduate Nursing Service* with the authority of one who is in process of successfully making this difficult adjustment. In *The Expansion of a Small Hospital*, Miss M. E. Wilkinson gives extremely interesting comparative figures, as well as some eminently practical suggestions for sound organization in an institution which is in process of active growth.

Why a Hospital Number?

In *Letters to the Editor*, a hospital superintendent who prefers to remain anonymous supplies a con-

vincing answer to this question. Read her letter, *think it over* and take pen in hand.

The Central Curriculum Committee

Early in June the first draft of the preliminary Study made by the Central Curriculum Committee was forwarded to the chairman of each of the provincial Curriculum Committees. This draft includes not only a series of recommendations and questions leading up to the eventual formulation of a curriculum, but also copious extracts from related portion of the *Survey*.

All the provinces, except two, have already reported progress, and through the summer months, their officers will have an opportunity of critically examining the preliminary Study and the Central Committee will be in a position to proceed with its revision in the early autumn, without loss of time.

The Canadian Medical Association has appointed Dr. A. T. Bazin and Dr. Joseph Benoit to be its official representatives on the Central Curriculum Committee. Dr. Grant Fleming has also consented to become a member, and from now on the Committee will benefit by the active co-operation of medical men.

The hard work of plotting out the general scope and extent of the project is now completed, and before the end of the year, the main outlines of the proposed Curriculum should emerge in a form which will provide a sound basis for discussion in all the provincial units.

Department of Nursing Education

CONVENER OF PUBLICATIONS: Miss Mildred Reid, Winnipeg General Hospital, Winnipeg, Man.

A SLING FOR A PLASTER SPICA

URSULA WHITEHEAD, Clinical Instructor, the Vancouver General Hospital School of Nursing, Vancouver, B.C.

The accompanying photograph illustrates a set of canvas slings used with success in the nursing care of a patient suffering from a fractured femur. They were devised by Miss Olive Shore, Assis-

The patient was placed in a double plaster spica, extending from the heels to about four inches below the nipple line. An area was cut away around the hips to allow for the use of the bed pan. A can-



tant Superintendent of Nurses at the Vancouver General Hospital, who carried out the arrangement with Miss Gwen Clements, head nurse of the ward where the patient was cared for. The idea of the body sling was adapted from a thoracotomy sling, illustrated in the *American Journal of Nursing*, but several alterations were necessary to make it useful for this particular case.

vas sling eighteen inches deep was made, with metal gadgets on each side to take quarter-inch ropes, laced through crosswise. These were passed over a double balkan frame.

The large sling passed under the patient's back, extending from eight inches below the shoulders down to the hips, and two smaller slings eight inches deep were used to support each leg. Once the ap-

paratus was in place the ropes were pulled taut until the patient was lifted some eight to ten inches from the bed, with sufficient pillows under her head and shoulders to bring them up and support them at the same level.

A board about three inches wide and two feet long was placed above the patient's chest from side to side of the sling to keep it apart and allow freedom of movement for her arms. A second board was used in a similar way above the ankles when she was turned on her side to prevent the cast cracking.

With this elevation of the hips some eight to ten inches from the bed, it was very simple to care for the back, as when a mirror was placed below the hips, it reflected the condition of the skin and massage treatment was applied where visibly needed—a point usually difficult to determine in these cases.

The patient's position could be readily changed by shortening the ropes on one side of the sling, thus turning her very simply. These frequent changes, which helped the patient considerably, and also prevented congestion and pressure, were carried out with little or no effort on the nurses' part—a great advantage over the strained back that usually falls to the lot of the nurse caring for a patient in a heavy cast.

The patient was kept in this sling for some six weeks in comparative comfort; she was very cooperative and quite enjoyed her position, not only for its comfort, but because of the interest the staff had in it, and the numerous visitors it brought her. The whole arrangement proved so helpful that we hope to use it whenever a similar case arises.

INCREASING STABILITY

(Courtesy of the American Nurses Association)

Satisfaction is felt by the Committee on the Grading of Nursing Schools over the lessened turn-over among the teaching and supervisory staff in hospitals and schools of nursing. In the second grading, it is shown that the typical nursing school faculty member has held her position for 2.6 years. In the first grading, the average tenure was

only 1.6 years, a large proportion of the faculty having entered the hospital more recently than the senior students. There is now greater opportunity for students to become acquainted with their teachers, and for teachers to carry through a carefully planned educational program.

A REFRESHER COURSE IN SUPERVISION

DOROTHY M. PERCY, Second Assistant to the Chief Superintendent of the Victorian Order of Nurses

For three days in May the new School of Nursing at the University of Toronto, was hostess to a group of thirty nurses registered for a refresher course in supervision, the first of its kind to be sponsored by the Extension Department of the University, and, incidentally, the first to be definitely limited in its registration.

When a refresher course is organized in direct response to the expressed need of a certain group in the health field, and when, moreover, there is from the start, the enthusiastic co-operation of other workers conscious of a similar need, conditions are favourable for the development of an interesting experiment. This is what happened when, following a conference last autumn of supervisors attached to the national office of the Victorian Order of Nurses for Canada, the Chief Superintendent forwarded to the University a definite request that consideration might be given to the organization of some such course.

The response from other groups throughout the Province was excellent, and in addition to supervisors of the Victorian Order of Nurses for Canada, the enrolment included representatives from the Ontario Department of Health, the Toronto Health Department, the Metropolitan Life Insurance Company, the St. Elizabeth Visiting Nursing Association, the Social Service Department of the Toronto General Hospital, the Oshawa Health Department and the London Health Department.

The course consisted of three hours in the Psychology of Supervision, given by Dr. H. Amoss, In-

spector of Auxiliary Classes, in the Department of Education of Ontario; four hours in the Principles of Supervision, by Mr. Thornton Mustard, M.A., B.Paed., Toronto Normal School; and three Round Tables on problems of supervision.

At the first Round Table on Attitudes and Objectives, supervision was viewed from the standpoint of (a) the staff nurse, (b) the organization, (c) the public. Supervision was defined as that function designed to help the nurse adapt to new situations and to grow in service. The points stressed included the need for introduction of the supervisor to her field, the need for some concrete method of evaluating her work, and the danger of over-emphasis on uniformity of techniques.

At the second Round Table methods were discussed in detail, the subjects of the papers being individual supervision, field supervision, records and efficiency reports. Here the discussion was particularly brisk, due, largely, to the practical nature of the problems evoked in the papers presented. Judging by the keen interest displayed in this session, a whole Round Table might well have been devoted to a consideration of efficiency reports alone.

The third Round Table was taken up with a discussion of staff education and group conferences. It was at this session that Sir George Newman's definition of the aim of public health received favourable comment: *To defeat disease, to lengthen man's days, but still more, in the ultimate issue, to emancipate the imprisoned splendour of the human spirit.*

Mr. Mustard sat in at this Round Table, and his contribution to the discussion was greatly appreciated. Speaking on the evaluation of supervision, he said that two distinct results could be looked for in the person supervised: first, a superficial result in terms of increased efficiency, and second, a deeper result manifested by new zeal, and renewed enthusiasm for the cause.

Helpful as the Round Table sessions were in themselves, their practical value to those attending was undoubtedly greatly enhanced by the admirable tie-up achieved through the two groups of lectures given.

In his first lecture on the psychology of supervision, Dr. Amoss outlined the various types of human behaviour. His remarks had a peculiarly sound application as he depicted the types of minds with which supervisors so often came in contact, and the sort of behaviour that might reasonably be expected in each instance. The speaker's insistence that there were no *superior* minds, just *different* minds, and his emphasis on the folly of trying to make an Elgin watch out of an Ingersoll are typical of the pictur-

esque style used in driving home salient points.

In subsequent lectures Dr. Amoss enlarged upon the emotions, and the part they play in the situations in which a supervisor frequently finds herself. A number of practical suggestions for the presentation of ideas to the public were given and we were urged to condition our public rather than argue it into an acceptance of the health maxims we deem so essential.

In Mr. Mustard we were privileged to sense an example of the ideal teacher. His clear-cut exposition of the functions of supervision, both directorial and inspectorial; his fearless delineation of the mistakes of supervisors; his concrete suggestions for the improvement of supervision; above all, his impassioned plea to regard our job as supervisors in the light of a vision splendid — and one not lightly to be disobeyed — finished the course on a sustained note of high endeavour and sent us out to re-think supervision in terms of ourselves, our organization, the nurses we supervise, and the community which, through them, we ultimately reach.



Department of Private Duty Nursing

CONVENER OF PUBLICATIONS: Miss Jean Davidson, Paris, Ont.

SHARING THE LOAD

FAY SIMMONS, R.N., Supervisor, Hourly Nursing Service, Illinois State Nurses Association, First District, Chicago.

A word about the type of nurse who is desirable for hourly nursing. She must have a thorough professional background and a pleasant adaptable personality. She must be able to systematize her work so as to make the best of her time and she must be able to adjust readily to different situations.

I am frequently asked, "Is it necessary to have had a public health course?" A public health course or public health experience is a great asset. First and foremost, however, an hourly nurse must be a *good bedside nurse*. The knowledge of bag technique, of the keeping of records, of systematizing one's work, and of using every available opportunity for health teaching, which is instilled into a nurse in a public health course, or under supervision in a public health nursing organization, makes it much easier for her to undertake hourly nursing successfully. Her point of view is broadened into considering the health of the whole family rather than just the individual patient, and she is made aware of the unlimited possibilities for health teaching which confront her daily.

She may hear it said, "The group served by Hourly Nursing does not

want or need to be taught," and it is true that this group has become more or less health conscious, but there are still many opportunities for the instilling of the principles of healthful living, health habits in general, and the teaching of persons in the home the simple procedures for bringing comfort to the sick. Public health experience helps a nurse to do these things effectively.

The *Manual of Public Health Nursing* and the *Board Members' Manual*, both prepared by the National Organization for Public Health Nursing, have proven efficient guides to procedures, policies and organization of nursing services.

If there are no lay persons serving on the board or committee responsible for administering the hourly service, a group of representative laymen, acting in an *advisory* capacity, will be found invaluable. They can assist in interpreting the organization to the public, and in turn can bring the public point of view to it; an element which has been disregarded to the dangerous point of isolating our profession from the very group we wish to serve.

The groups which so far have undertaken to administer hourly nursing on an organized basis are Visiting Nurse Associations and Official Registries. A survey of

This is the second and concluding part of an address given by Miss Simmons at an Open Meeting of the Private Duty Section of the Registered Nurses Association of Ontario, April 21, 1933. The first part appeared in the June issue of "The Canadian Nurse", p. 307.

hourly nursing as administered by public health nursing agencies was made in 1927 by Miss Louise Tattershall, statistician for the National Organization for Public Health Nursing. At that time, fifty-four public health nursing organizations were selling nursing on a time basis.

In general, the hourly visits were made by the regular staff, under the same type of supervision as the general service except that, in some instances, the supervisor did not go into the homes of the patients. Some attempt was made to make the visits at the time requested by the patient, but this was not allowed to interfere with the needs of the acutely ill on the general service. The difficulties met with were found to be "the hesitancy of the 'ease group', that is, the people in comfortable circumstances, to make use of services of an organization doing charity work," and from an administrative standpoint "the planning of the work of a staff doing general visiting nursing, so as to meet the demands for a nurse at a specified time, and not interfere with giving care to acutely ill patients."

The plan adopted by the Philadelphia Visiting Nurse Society appears to solve the difficulties of administration to a great extent. Their hourly service was started in 1919 during the period of shortage of nurses for special duty. Six nurses were added to the general staff. Calls for hourly nursing were accepted up to an amount which would be the equivalent of the work that could be handled by six nurses. Actually, the hourly work was distributed throughout the general staff, allowing each nurse to make calls which fell in her district, effecting a decided economy of time and money. It did not encroach on the regular work of the staff, however, as enough extra nurses had been added to the staff

to make up for the time spent on hourly work. It was found, after four months, that the fee collections from hourly patients were sufficient to pay the salaries of the extra nurses. This service continued to be self-supporting.

The Hourly Nursing Service in Chicago was unique in its inception in that it was sponsored jointly by the Central Council for Nursing Education and the First District, Illinois State Nurses Association. Under these auspices the Hourly Nursing Service was initiated in 1926 in the hope of providing skilled nursing care for patients of moderate means. Calls were received through the Nurses Official Registry, but a staff of four nurses was employed to make the visits.

It was soon found that available funds were insufficient to promote the service extensively. The interest of the Julius Rosenwald Fund was enlisted and a grant of money was received to cover the promotion and part of the operating deficit over an experimental period. The Joint Committee on Hourly Nursing, comprising representatives from the Central Council for Nursing Education and the First District, Illinois State Nurses Association, was designated to administer the service. A well-qualified executive was employed to promote and supervise the project. The experiment covered eighteen months, from January, 1931, to July, 1932, since which time the First District, Illinois State Nurses Association, has been carrying on the service with the Joint Committee acting in an advisory capacity.

The personnel consisted of a director and two full-time staff nurses on salary, and as many part-time nurses as the volume of work demanded. The latter were called associate nurses and the fees collected by them were retained in lieu of salary with the exception of

a ten per cent. commission which they paid to the organization.

A Medical Advisory Committee was formed and its recommendations were found most valuable. It was not found necessary to obtain standing orders, as it was always possible to obtain an order directly from the attending physician. A Community Committee, composed of over one hundred representative citizens from all sections of the city, was organized for the purpose of extending knowledge of the service.

Patients' requests were given special attention. Appointments were made for the hour the patient preferred. Arrangements were made for patients to have the same nurse continue for the duration of the case, with only rare exceptions.

The fees charged were \$2.00 for the first hour and 50c for each additional half-hour. As the financial situation became more acute, and the need for some change in rates became apparent, a non-appointment service at a rate of \$1.50 for the first hour was instituted in addition to the appointment service. For patients who preferred this service, the nurse did not save a special hour. This enabled her to arrange her calls to better advantage. The patient was notified the time the visit was to be made, so as to be able to plan her routine accordingly.

The types of cases cared for varied widely. The majority of visits were made to chronic patients. Convalescent surgical, medical and obstetrical cases also found the service useful as well as persons with mildly acute illnesses and patients needing only an occasional treatment. The length of visits was limited to four hours except in emergency. A four-hour service was allowed in order to include relief for the twenty-hour nurse during her hours off in the afternoon. As a matter of fact,

eighty-one per cent. of the visits were only one hour or less in length. The frequency of visits was determined both by the need and desire of the patient.

Many avenues of publicity were used. Addresses were made before lay and professional groups and weekly radio broadcasts were given. Frequent newspaper articles and announcements in bulletins of various organizations were published. Advertising was done in the *Medical Society Bulletin*. Posters and leaflets were widely distributed. The most effective publicity was found to be that which reached the doctor, as forty per cent. of the cases during the experiment were found to be referred directly by the physician.

There is some doubt as to whether this service reached the group we started out to help, namely, persons of moderate means. An analysis of the economic status of our patients indicated that more persons in comfortable circumstances used the service than those whose incomes were more limited. In any case, it filled a need not otherwise being met, as it provided care to persons not needing more than an hour or so of skilled nursing care a day. From this point of view, we may say that Hourly Nursing in Chicago proved a success.

From a financial standpoint, it proved without a doubt that it could not become self-supporting conducted on this basis. With the nurse's day reasonably well filled, she cannot bring in a sufficient amount over and above her own salary and expenses incidental to her work to contribute more than a small sum toward the overhead expense of organization, supervision and development of the service.

To remedy this situation, could we have charged a higher fee? I doubt it. There are some who contend that the charges are already

too high. It has been rightly said that *the whole trouble is that everyone is talking about a service which never can be cheap, and expecting some wizard in organization to give a highly skilled supervised service for about what one pays unskilled labour by the hour.*

Is the demand for Hourly Nursing increasing? This is a difficult question to answer. Certainly, it is becoming more widely discussed. We hear more and more of nurses doing hourly nursing independently. It is easy to understand how this comes about. When a patient no longer needs the full-time services of a special nurse, if she can retain her on an hourly basis, it is a logical arrangement, due to the fact that the nurse knows her condition thoroughly, and will undoubtedly have a long wait for her next special duty case. Nurses who are idle will naturally be called by friends who have any need of hourly care.

From the standpoint of offering a stable hourly service, using nurses from the Registry for *all* hourly work would be unsatisfactory. An hourly case would not bring sufficient reimbursement to the nurse to warrant sacrificing her place on the waiting list. If she remained on call while making hourly visits her primary interest would not be in the hourly case, a fact which would be difficult to conceal from the patient. Furthermore, the patient who is most benefited by hourly nursing is the chronic invalid who needs care over weeks, months or even years. The changing of nurses necessitated whenever a nurse would be called for a full-time case would soon cause dissatisfaction from the patient's standpoint.

How, then, is the public to be supplied with hourly nursing for which there is adequate proof that there is a need? All things considered, the administration of hourly

nursing service by Visiting Nurse Associations has most in its favour from the standpoint of both economy and efficiency. The organization is already well established. Supervision need not be apart from the supervision of the general staff. The nurses are already accustomed to making quick adjustments, to making the best use of their time and they know how to utilize the help of some member of the family when available. Districting would be simplified.

Michael M. Davis, Ph.D., Director of Medical Services of the Julius Rosenwald Fund, writes his views on the "Meaning of the Chicago Experiment" (*American Journal of Nursing*, February, 1933), and reminds us that this would be in line with the principle toward which public health nursing has been working, namely, generalized districted service. He states that despite the psychological problems faced because the background of public health nursing organizations is charitable, it is not the first to face that situation. Hospitals a generation ago served only the poor and are now patronized by the rich as well. Why should not hourly nursing look forward to the same experience?

What can we conclude from these various experiments which have been carried on in both hourly and group nursing? It is indeed an attempt on the part of *nurses themselves* to co-operate in solving some of the problems confronting the profession, chiefly that of giving the public the amount of nursing care it needs.

Just now the patient is determined to do without graduate nursing entirely unless desperately ill, and is still not aware of the mutual benefits to be derived from a fewer number of hours, all of which are devoted to strictly nursing duties.

I am convinced that the large

majority of hourly patients would not be employing special nurses even were there no such thing as hourly nursing. The opinion of those in a position to judge is the same in regard to Group Nursing. To that extent, then, both hourly and group nursing are *creating* work for graduate nurses. If there are patients who are now using either who would otherwise be employing special nursing it is because they find it meets their need adequately.

Special nursing will always be in demand for those who do need continuous nursing care, but we cannot expect the patient who does not need it to continue to employ it. He had gotten over that affluent mood. It is up to us, then, to make these other services so well-

known and so perfected that many people who hitherto have not employed graduate nursing at all will now do so. It is a question of educating the public to a realization that it is an economy to secure skilled nursing service if they can obtain it in whatever amounts they need, be it for one hour or twenty-four.

Whether hourly nursing and group nursing are methods which will become generally adopted, it is too soon to state. If other methods are suggested, tried and found to meet the need better, we should not hesitate to acknowledge it. Until that time, let us all give our wholehearted support to the projects now under scrutiny, in order that they may be given a fair trial.

A VISITOR TO THE APPENDIX IN No. 6

"So I felt that I must come round at once, directly I heard you were to be *done* to-morrow, because I know what agony it is directly afterwards, and one can't talk or anything, naturally. I shall never forget poor dear Flossie—you remember she died just the other day? though I daresay that hadn't *really* anything to do with the operation. I went to see her nearly a week after she'd been operated on, and I shall never forget what she looked like—pale mauve, dar-

ling, I assure you—and the *whole* of her hair had fallen out. Literally it came out in chunks. She used to find it on the pillow in the mornings. Of course, I daresay the rest may do you good, once the worst is over. You look so pale and tired, dear; I almost feel I oughtn't to to have come, except that I did so want to cheer you up a little, before the great ordeal . . . "

Many nurses will recognize this inveterate ghoul.
—*The British Journal of Nursing.*

BOOK REVIEWS

LIPPINCOTT'S QUICK REFERENCE BOOK FOR NURSES. Compiled by Helen Young, R.N., Director of School of Nursing, Presbyterian Hospital, New York City, with the assistance of Georgia A. Morrison, R.N., Assistant Director, and Margaret Eliot, R.N., Instructor in Charge of Nursing Procedures, School of Nursing, Presbyterian Hospital, New York City. Published by J. B. Lippincott Company, Canadian Office, 525 Confederation Bldg., Montreal. Price, \$2.50.

This handy little volume is a miracle of compression, and yet contains an astonishing amount of information on a variety of topics.

The facts presented make no claim to originality, but the rearrangement of this mass of knowledge for purposes of quick reference is the contribution of the authors, who have continually focussed upon the problem of including satisfactory answers to a wide range of the many ordinary and the often vexing situations requiring quick action.

This material, collected by nurses for nurses, has been arranged alphabetically under six main topics: (1) General Information, including Abbreviations, Tables, Equivalents, etc.; (2) *Materia Medica*; (3) Nursing Techniques; (4) Diets; (5) Medical and Surgical Nursing; and (6) Obstetrical

Nursing. After each division, a few blank pages have been inserted to provide space for the reader, who will be constantly accumulating additional data along the lines of special significance to her.

A volume such as this would be invaluable to public health and private duty nurses, who are frequently obliged to meet and cope with difficult nursing situations under conditions which do not permit seeking advice. Every statement has been submitted to rigid scrutiny by the authors, all of whom are recognized authorities concerning nursing practice. Copies may be ordered direct from the Montreal office of the J. B. Lippincott Company, 525 Confederation Bldg., Montreal.

FUNDAMENTALS OF CHEMISTRY, by L. Jean Bogert, Ph.D., formerly Instructor in the Department of Medicine, University of Chicago; Instructor in Experimental Medicine, Yale Medical School, and Lecturer in Chemistry, Connecticut Training School for Nurses, New Haven; Professor of Food Economics and Nutrition, Kansas State Agricultural College, Manhattan; Research Chemist, Obstetrical Department, Henry Ford Hospital, Detroit. Third edition, revised. Published by W. B. Saunders Company, 1933. Canadian representatives, Mc-Ainsh and Company, Limited, Toronto.

Department of Public Health Nursing

CONVENER OF PUBLICATIONS: Mrs. Agnes Haygarth, 21 Sussex St., Toronto, Ont.

THE HARD-OF-HEARING CHILD

M. B. WHYTE, M.D., Toronto

The problem presented by the hard-of-hearing child, and the task of combatting retardation in those so handicapped, has resulted in the segregation of these children into classes for the totally deaf and classes for the hard-of-hearing, to the educational advantage of all pupils.

The selection of children suitable for these classes is made according to the type of deafness, which has a bearing on prognosis, and to the child's ability to hear. The diagnosis of the type of deafness should be left to the otologist, but teachers and nurses are in a position to roughly determine the degree of deafness. The whole question of hearing tests has been comprehensively studied and reported upon by the Committee for the Consideration of Hearing Tests, and I shall quote in part from their findings.

The test of the patient's ability to hear the voice is important, because it is the degree of inability to hear the conversation of his fellows which is the measure of the patient's deafness.

It is essential that such testing should be standardized as much as possible. It is for this reason that otologists should train themselves so that their spoken words should always be heard at the same distance. Twenty feet is the distance recommended by the Committee.

The hearing should be tested with both ears open and then the hearing of each ear separately, the other ear being closed by the finger.

The use of isolated words and numbers is recommended so that the possibility

of the patient identifying the word by context may be eliminated.

In any given case, all tests should be carried out under the same conditions of environment; thus, the degree of adventitious noise falling on the ear should be the same.

The Committee does not attach great importance to the use of the whisper in testing. It is no measure of the ability to hear conversation.

There are two major classifications of deafness, conductive deafness and perceptive deafness. Cases of the latter are in the majority in the classes for the totally deaf, the former in the classes for hard-of-hearing. In perceptive deafness the nerve mechanism is at fault and the prognosis, as far as ever hearing again is concerned, is hopeless. In conductive deafness the function of the conductive apparatus has been interfered with in varying degrees, resulting in a varying ability to hear. In these, improvement may be hoped for with proper treatment in suitable cases, but as a rule the damage has been done in the pre-school age, is of long standing, and a return to normal hearing is the exception. The causes of perceptive deafness may be listed as follows:—

1. Congenital absence of the organ of Corti, the delicate sensory nerve-ending for hearing in the internal ear. The child is unable to hear from birth and becomes a deaf mute. This sensory nerve-ending for hearing corresponds to the retina of the eye, the sensory nerve-ending for sight.

An address delivered to the School Health Section of the Ontario Educational Association, April 18, 1933.

2. Disease affecting the nerve mechanism after birth, such as:—

Lues.

Arsenic in salvarsan, used in the treatment of lues.

Epidemic typhoid.

Epidemic cerebro-spinal meningitis, frequently resulting in bilateral deafness.

Mumps.

Scarlet fever.

Botulismus and the eating of decayed fish.

The improper use of quinine and salicylates in certain individuals.

If a child becomes totally deaf from any of the above causes as late as six or seven years of age, he will become a deaf mute. An exceptional case has been known to become a deaf mute on losing his hearing as late as the fifteenth year.

Conductive deafness may be due to congenital absence or occlusion of the external auditory canal, or the canal may be blocked by wax or foreign bodies. The causes of conductive deafness due to disease of the middle ear are to be found primarily in the naso-pharynx. The middle ear is in close communication with the naso-pharynx by the Eustachian tube, and therefore is frequently subject to the inflammatory processes which occur in the naso-pharynx, such as head colds and tonsillitis, and the obstructive effect of enlarged adenoid. Recurring attacks of secretory catarrh of the middle ear, without any visible discharge from the ear, gradually wear down the child's ability to hear.

In others, an attack of acute otitis media with pain, and discharge, is a most potent factor in causing deafness, if measures are not taken to cure the condition within a reasonable length of time. From my examination of many hard-of-hearing school children, I have been impressed by the preponderance of chronic discharging ears, with resultant destruction of the delicate conductive mechanism,

and permanent loss of hearing. Prolonged discharge is fatal to hearing, and the remedy seems to lie in the education of the parents as to its importance.

It is impossible to lay down any hard and fast rule for every case, but, in a general way, it may be said that if a child's ear is still discharging after six weeks, or even less, something should be done about it. That something is usually the mastoid operation. And it is not an operation to be dreaded if done at the proper time. It is a great life saver and hearing saver. It has come to be regarded with horror by the layman because, in our parents' time, it was largely used as a last resort to try and save life, usually after meningitis had set in, and meningitis of otitic origin is always fatal. It is now used to save hearing, as well as to save life, and in competent hands and done at the right time, the death rate is not one in a hundred.

The prevalence of chronic discharging ears is a measure of our intelligence, education and standard of living. In Central Europe, where the peasant classes have not our educational advantages, a discharging ear and deafness creates no special worry or concern, until the patient finally turns up at the ear clinics in the cities, desperately ill with some intra-cranial complication, thus providing the clinical material which our post-graduates go abroad to see and study. Fortunately, our people are more enlightened than that, but we can go a step further and cut down our cases of preventable deafness enormously, particularly if the facts I have pointed out to you can be brought home to the parents of children of school and pre-school age.

The removal of offending tonsils and adenoids will reduce the incidence of ear trouble, while the mastoid operation where indicated,

and if done in time, will save the hearing in more than eighty per cent. of cases where discharge has become established. This is the kernel of my address to you today. Forget the rest if you like, but be convinced of this as the sure method of prevention which strikes at the root of the problem of the hard-of-hearing child.

I have been examining suspected deaf school children, for several years, to assist in deciding to which class they should be allotted, classes for the totally deaf or classes for the hard-of-hearing. What does the very existence of these classes mean, classes in

which lip reading is taught? It means that there are a large number of children, entering the competition of life, handicapped from the start with a loss of hearing which science has to admit that it cannot restore, and lip reading has to be resorted to.

This is bad enough in itself, but when one realizes that a very large number of these cases could have been prevented, then it is indeed depressing. With exceptions, of course, deafness is something which is more amenable to prevention than to cure, and should be known as a preventable affliction.

AN IMPORTANT APPOINTMENT

Miss Nora Moore was appointed Director of the Nursing Division of the Toronto Department of Public Health on April 3rd, 1933. Miss Moore is a graduate of the School of Nursing of the Hospital for Sick Children, Toronto, and also took the post-graduate course in public health, given under the auspices of the League of Red Cross Societies, at Bedford College, London, England.

Upon her return from England in 1922, Miss Moore was appointed Assistant Director of the Nursing Division. The first Child Health Centres in Toronto Department of Public Health were organized by her.

The excellent work done by the Nursing Division has already served as a model both at home and abroad, and its further development will be watched with interest by nurses in all parts of the world.

LETTERS TO THE EDITOR

Thinking It Over

An article, written by the President of the Canadian Nurses Association, entitled *The Canadian Nurse in Her New Uniform*, appeared in the March issue of the *Journal*. The President suggested that, if we had ideas to offer, we should write to the Editor about them, and concluded her appeal with the words: "Think it over!"

Thinking it over! That is what I have been doing for over two years; but have hesitated until now to write and tell the Editor about it, as the President has asked us to do.

These suggestions come to you from a hospital staffed with graduate nurses, and there are a number of such hospitals in Canada, and, if we are located in smaller cities and towns as most of us are, our only contact with nursing and hospital fields is through our magazines, by visiting other hospitals and by attending conventions.

We are interested in the training schools and in all other problems, for it is from them that we draw our staff nurses; but we have our own problems of a different kind, and they are legion. How often I have wished for an opportunity to lay them before those who have had similar experiences, or to have wise counsel and advice from other hospital superintendents.

My suggestion would be to have a page in *The Canadian Nurse* devoted to the discussion of various subjects of special interest to hospital people. We might tell each other of our pet economies, how we save on gauze and drug supplies, how to arrange our eight-hour day, our relief for days off, and how we conduct our staff conferences. We could discuss the trying out of new methods, and of adapting ourselves to them, and the problem of making it easier for graduate nurses to work together in hospitals other than their own training schools.

We might devise plans for providing opportunities to release graduate general duty nurses to go to larger hospitals, and

take refresher courses in practical work, thus broadening their outlook on nursing, and keeping them from getting into a rut.

These are only a few of the topics we might discuss, but I feel confident that there are more of us who will come forward with questions and we will all benefit thereby, for as the President reminds us "we are no greater than the distinctive creative work we do".

A. E. R.

An Editorial Lapse

The League of Red Cross Societies,
2 Avenue Velasquez, Paris.

Dear Madam:

I have read with great interest Dr. Maude Abbott's appreciation of Mrs. Seymour's book, *A General History of Nursing*, which appears in the May number of *The Canadian Nurse*. May I call your attention to a slight error which appears on page 246, col. 2, line 27, which reads:

The World War left almost as great an impression, for, following upon the Cannes Conference and the establishment in 1919 of the Nursing Division of the League of Nations with the avowed object of establishing Training Schools . . . etc.

This should read:

. . . the establishment in 1919 of the Nursing Division of the League of Red Cross Societies . . .

A Nursing Division has not yet been established by the League of Nations, although, during the last two years, an American nurse, Miss Goff, has been attached to the Health Section through the initiative of the International Council of Nurses.

Yours faithfully,

MAYNARD L. CARTER.

Chief, Nursing Division.

The *Journal* is grateful to Mrs. Carter for drawing attention to a slip of the pen which certainly should not have escaped the editorial eye during the process of proof-reading.—*Editor*.

Notes from the National Office

Contributed by JEAN S. WILSON, Reg. N., Executive Secretary

International Interests

"Until Paris and Brussels" was heard again and again as members of the Canadian Nurses Association bade farewell to their guests who had come from thirty-three countries to attend the Sixth General Congress of the International Council of Nurses in Montreal, in July, 1929. At present, one can well imagine that the nurses of France and Belgium must think Canadian nurses have kept their resolve of four years ago, as recently at least one hundred and twenty-five members of the C.N.A. sailed from Montreal or Quebec and are participating in the Seventh General Congress of the I.C.N. in Paris and Brussels.

Canada has always had reason to be proud of the way in which her nurses respond to every undertaking that requires the concerted action and support of the nursing profession. Even so, the fact that so large a contingent has been able to go to Paris and Brussels is especially encouraging at this time. It shows that, in addition to readily assuming national obligations, the C.N.A. members can be relied upon to appreciate and accept international responsibilities and privileges. This is not peculiar to the present Congress; records show that shortly after the Association was founded, twenty-five members attended a Congress in London, England, in 1909, and at intervening international meetings, Canada has been well represented.

One can readily picture the budgeting and re-budgeting done early this year before even one hundred and twenty-five nurses could decide that their financial

condition would permit the expenditure necessary for an overseas trip.

With the assistance of Thos. Cook and Son, Ltd., the C.N.A. has been able to offer a number of very attractive tours at most reasonable rates. The splendid response to this undertaking has been exceedingly gratifying to the Executive Committee of the Association, especially as it made possible the sending of the full quota of official representatives from the C.N.A. to the Grand Council, which is the voting body of the I.C.N. Each representative is contributing to the Congress Programme.

The present international gathering is the third to be held since the C.N.A. opened its National Office. It has been most interesting to observe the progressive development of increased activities and relationship between the International Organization and the C.N.A. During the months preceding a Congress there is additional work required of the National Office staff as communications from International Headquarters are received, and in so far as possible, are dealt with there. Not the least among preparations carried on prior to the present Congress was making arrangements for the C.N.A. Tours: a new experience but really an enjoyable one, especially as direct contact was made with individual members of the provincial units.

The names of the nurses who registered for the Congress, through the National Office, before June 1, are included in the accompanying list. As one notes the extensive geographical area from which these nurses come, one foresees that the inspiration, that can be derived

only from an international gathering, will be transmitted Dominion-wide, when these travellers return and relate their experiences to their professional associates who have been prevented from attending the present Congress.

Alberta

Misses Kate S. Brighty, Mary F. Cooper, Marie Garde, Harriette Watson and Mmes. H. Dixon and F. W. Gershaw.

British Columbia

Misses Winnifred Cook, Eva Fid-dick, Sybil S. Gardner, M. Irene Hall, Meta Hodge, Estella J. Herbert, Agnes L. Kinney, Helen M. Olsen, Cora Trethaway, Nellie Williams, Margaret Young and Mrs. Louise Silversides.

Manitoba

Misses Annie C. Armstrong, Madaline J. Kingersky, Elizabeth A. Russell, Anna E. Wells.

New Brunswick

Miss Maude E. Retallick and Mrs. Duncan Smith.

Nova Scotia

Miss Helen G. MacKenzie.

Ontario

Misses Beatrice Austin, M. Aus-sant, Ione M. Bell, Raymonde Brule, Priscilla Campbell, Margaret M. Clark, Jean P. Dent, Beatrice Ellis, Florence H. M. Emory, A. P. Evans, B. Fraser, Gertrude Finnemore, Effie Forge, Mary Maud Fry, Ida M.

Gardner, A. Gibson, Maude E. Gordon, C. Ethel Greenwood, Jean I. Gunn, Grace E. Hamilton, M. Kel-man, Clara S. Kittmer, Lucy M. Logie, Dorothy Mickleborough, Lila Mae Morrison, Isabel MacIn-tosh, Edna G. McKinnon, Katherine McRae, M. R. McRae, R. A. Park-house, M. B. Petty, Gladys Reed, Elizabeth Regan, P. Reuber, Ju-liette Robert, Anne A. Rogers, G. K. Ryde, Mary R. Shaffner, Cor-nelia Sheridan, L. M. Sproule, Hilda Teather, Rose Therien, Evelyn I. Thompson, M. Turnbull, Sadie A. Williams, Gladys Sharpe and Mmes. Edgar Boyle and Myrtle Foley.

Quebec

Rev. Sr. Allard and Rev. Sr. Va-lerie de la Sagesse; Misses Martha Armstrong, Caroline V. Barrett, Alice Beauchamp, Martha Batson, Helene Beaudet, Mildred Buchan-an, Marie Canton, Helen Costello, Hermine Dupuis, Lucienne Desjar-dine, Hettie Easterbrook, Blanche Herman, Dorothy Holtby, Kather-ine Jamer, Constant LeMontagne, Marion Lindeburgh, Alice Lepine, Edna Lynch, J. N. Murphy, Hilda Nuthall, Maria Oliver, Ruth E. Phillips, Suzette Panet-Raymond, Marguerite C. Reid, E. Bell Rogers, Beatrice Roy, Blanche Roy, Maria Roy, Helen N. Stewart, Marguerite Taschereau, Rose Mary Tansey, Catherine C. Thompson, Elsie Wil-liams, Jean S. Wilson.

Saskatchewan

Miss S. Lewis

News Notes

News items intended for publication in the ensuing issue must reach the Journal not later than the eighth of the preceding month. In order to ensure accuracy all contributions should be typewritten and double-spaced.

ALBERTA

CALGARY: At a special business meeting of the Calgary Association of Graduate Nurses held recently, it was decided to close the Registry connected with the Association, for three months. For the past two months the Registry has been unable to meet its financial obligations and the efforts made to increase the membership have not been successful. It seems unfortunate that the Registry is obliged to discontinue its functions particularly in these distressing times, when work is scarce for all concerned. Great credit is due the small body of members who have struggled to keep the Registry open in spite of many difficulties.

EDMONTON: The speaker for the evening at the May meeting of the Edmonton Graduate Nurses' Association was Mrs. Kilburn, supervisor of the Social Service Department of the University Hospital, who dealt interestingly with the problems of such a department in these days of depression and unemployment. A knowledge of home conditions brought to the hospital nurse by the social service worker should be of much value in broadening her vision and giving a new viewpoint.

EDMONTON: The Convocation Exercises of the University of Alberta were held on May 16, when twenty-two nurses from the School of Nursing of the University Hospital received their diplomas for the three-year course, and three members of the graduating class were presented with the B.Sc. degree upon the completion of a five-year combined academic and nursing course.

MEDICINE HAT: The Graduation Exercises of the School of Nursing of the Medicine Hat General Hospital took place on May 12, amid a profusion of flowers. Nine nurses received their diplomas and prizes were awarded to Miss Vern Harvey, Miss Lydia Gess, Miss Olaf Hansen, and Miss Gladys Adams. Dr. Boyd addressed the graduating class and administered the Nightingale pledge.

PONOKA: The Provincial Mental Hospital, situated at Ponoka, held its first Graduating Exercises on May 31, when eight nurses, having completed a three-year course in psychiatric nursing, received their diplomas, and twenty-three young men received attendants certificates. The diplomas and certificates were presented by the Hon. George Hoadley, Minister of Health, and the pins and buttons by Miss Catherine Lynch, Reg. N., Superintendent of Nurses. This is the first class in Alberta which has graduated in mental nursing.

BRITISH COLUMBIA

VANCOUVER: The following are the results of the examinations held in April for candidates wishing to obtain title and certificate of Registered Nurse in British Columbia. One hundred and forty-six nurses took the examination, of which a hundred and thirty-nine wrote full papers and seven wrote supplementals. The standing obtained was as follows:

FIRST CLASS: (80% and over):

K. M. Bambrick, St. Joseph's Hospital, Victoria; A. M. Walker, General Hospital, Prince Rupert; Sister Paul Bernard, St. Paul's Hospital, Vancouver; A. I. Plunkett, Vancouver, General Hospital; J. A. Wallinger, F. S. Hilton, B. A. Ross, M. I. Mack, (M. E. Ferris, M. B. Loake—equal), B. P. Butler, D. M. Watson, O. H. Ross, H. B. Coltman.

SECOND CLASS: (65% to 80%):

R. E. Gillis, (D. J. Lauder, L. J. MacLean—equal), K. Muckle, (M. I. Ault, M. Jackson, E. J. Wilson—equal), (R. A. Blomberg, K. S. Slater—equal), Sister Mary Patrick, A. H. Teto, (M. A. James, E. F. Lowe, J. Plant, G. I. Saunders—equal), C. M. Cox, (E. R. Bond, M. A. King—equal), (M. M. Brearley, M. B. Kearney—equal), (E. E. Carpenter, M. E. Fisher, S. F. T. Gillis—equal), H. E. Marsh, (H. C. M. Coulter, M. Portway—equal), (D. M. Carter, T. M. I. Jacobson, A. M. Lander, A. G. Scott—equal), (W. C. Bunn, M. R. Christianson, K. I. Sherrick—equal), (K. M. Clark, M. S. Lawson, J. A. Speed—equal), (M. K. Duncan, J. A. MacMillan, M. A. Richards—equal), (M. R. Cameron, M. K. Cornwall—equal), (J. H. Baillies, L. M. Lindseth—equal), B. H. Macdonald, (J. D. McDonald, I. M. Steeves—equal), (T. Russell, B. M. Shiell—equal), (D. A. Lucas, V. G. Oatway—equal), (J. D. Ewart, M. G. Poole—equal), V. E. Peters, Mrs. M. R. Ironside, I. Francis, (I. G. G. Blythe, N. O. Harmer, N. A. A. McRae—equal), D. F. Hornibrook, E. M. Billett, C. M. McKenzie, O. W. Joyce, (E. D. Black, M. V. Graham—equal), (M. M. S. Hembling, E. L. Richmond, M. A. P. Knight, D. A. Ross, E. M. Armstrong, C. M. McDowall, L. M. Fraser, (P. Agar, V. M. Fuoco, B. J. B. Wallis—equal), (A. E. Baker, D. Edwards—equal), (M. M. Akerman, M. B. Danes, A. M. Jostad, I. E. McCuaig—equal), R. W. Sturgeon, G. G. Taylor, S. E. Jarvis, B. Bailie, S. LeV. McQuinn, (H. G. Andrews, M. A. Butler—equal), A. C. Winny, A. B. Nelems, D. E. Thomas, F. B. McLean, (C. F. Dack, L. O.

Webster—equal), (K. I. McGill, H. E. Page—equal), (G. M. Pooley, L. A. Stark—equal), (A. P. K. Lewis, J. M. D. Russell—equal), P. M. Fox, (M. F. Macleod, A. B. Robertson—equal).

PASSED (60% to 65%):

(R. V. Pearson, J. E. Sneddon—equal), M. D. Copp, A. K. Williams, M. I. Grant, L. J. MacDonald, (I. L. Dingwall, A. M. McKay, L. M. Parry—equal), (W. A. M. Fairweather, G. A. Little—equal), M. I. Acheson, M. I. Brooke, M. I. Hayes. PASSED WITH SUPPLEMENTAL EXAMINATION TO WRITE: G. B. Beech (1), L. R. Feikert (1), G. L. Reynolds (1), C. A. Walker (1). PASSED SUPPLEMENTAL EXAMINATION: H. E. Fletcher, M. Gilbert, F. E. Jupp, Mrs. J. Mackie, W. M. Robillard, L. M. Solerville, M. I. MacKenzie.

MANITOBA:

BRANDON: The annual meeting, held on May 2, of the Brandon Graduate Nurses' Association took the form of a dinner, in honor of the graduating class of 1933 of the School of Nursing of the Brandon General Hospital, twenty-one students being present. Each student had at her place a corsage bouquet of sweet peas and a miniature nurse. Community singing and toasts kept the party gay. Miss Turnbull the guest speaker, took as her theme GETTING BACK TO NATURE, giving some good advice to the young graduates. The reports of various committees were read and that of the "Cook-book Fund" was most promising, as \$270.00 had thus been made and donated to the Brandon General Hospital to supply linen.

WINNIPEG: The Graduating Exercises of the School of Nursing of the Winnipeg General Hospital were held on May 19 when eighty-one nurses received their medals and diplomas. The Annual of the Alumnae Association for 1933 has recently appeared under the direction of a Committee on Publication including the Editor: Miss Ruth D. Monk and Miss Grace Gourley; Miss Edith Timlick and Mrs. Graham. The Annual contains a forecast, written by Miss K. W. Ellis, of the approaching fiftieth anniversary of the School of Nursing which is to take place in 1937, and a number of other interesting articles.

MARRIED: Recently, Miss Ivy Webster, (Class of 1930, W.G.H.), to Mr. Victor Miller of Toronto.

MARRIED: On April 8, 1933, Miss Margaret Backman (Class of 1928 W.G.H.), to Mr. Charles Kirshaw.

MARRIED: In April, Miss Maude Porteous (Class of 1927 W.G.H.), to Mr. Charles Vincent.

WINNIPEG: The graduation exercises of the School for Nurses of the Children's Hospital of Winnipeg took place on June 5, sixteen nurses receiving their medals and diplomas.

NEW BRUNSWICK:

FREDERICTON: The graduating exercises of the School of Nursing of the Victoria Public Hospital took place in May. The graduating class entered the hall to the strains of a march played by Miss Helen Smith and the invocation was given by Rev. G. W. Guio. His Worship Mayor Clark, J. A. Reid, Dr. R. J. Collins, Saint John and Rev. George Telford gave addresses. Mrs. Neva Buckley Inch and Mrs. H. S. Wright took part in the programme and the valedictory was read by Miss Annie Raymond. Miss Helen Laurie Crockett, was the winner of the prize given by the Hospital Aid for proficiency in obstetrics, and also of the prize for general efficiency. Each member of the graduating class was presented with a book by the Fredericton Chapter of the Graduate Nurses' Association, the presentation being made by the president. Dr. A. L. Gerow presented the diplomas and the hospital pins were presented by the superintendent, Mrs. Woodcock. The members of the graduating class are as follows: Miss F. E. Rickard, Miss Arline M. Inman, Miss Annie M. Raymond, Miss Ethel C. Brighton, Miss Phyllis M. Wilson, Miss Hannah I. Jewett, Miss Dorothy J. Grant, Miss Esther R. Ellis, Miss Edna M. Stewart, Miss Helen L. Crockett, Miss Lena P. Estabrook.

FREDERICTON: The regular meetings of the Registered Nurses' Association are held the first Monday of the month in the charmingly furnished reception rooms of the new Nurses Home. After the business meeting, an interesting lecture is given by a medical man, under the auspices of the educational committee. The attendance is increasing quite rapidly, numbering twenty-seven this month.

SAINT JOHN: The graduating exercises of the 1933 class of the Training School of the Saint John General Hospital were held recently with fifteen nurses graduating. Prizes were presented to Miss Reid, Miss Moore, and Miss Dunlop. Dr. White, Dr. Hewitt, and the Rev. W. P. Haigh were the special speakers, and Mr. Haigh led the graduates in repeating the Florence Nightingale pledge. Members of the Board of Commissioners were seated on the platform with the graduates, and the students occupied special seats in the auditorium. Members of last year's graduating class, in uniform, represented the Alumnae Association as ushers.

The Saint John chapter of the Association of Registered Nurses held its last meeting for the season on May 15 at the Saint John General Hospital, with Miss Ada A. Burns, R.N., in the chair. An interesting lecture on PRESENT-DAY TREATMENT OF DIABETES was given by Dr. W. O. McDonald.

Miss Marion McDonald, R.N. (S.J.G.H. 1931) has successfully passed the examinations in the course in teaching at the McGill School for Graduate Nurses, and is now

taking a post-graduate course in obstetrics at the Royal Victoria Hospital, Montreal. We hear with regret of the illness of Miss Muriel Clarke, R.N., and Miss Margaret Darling, and wish them a speedy recovery.

MARRIED: On June 2, 1933, Thora Woodley, R.N., (S.J.G.H. 1931), to Mr. Walter A. Dixon.

ST. STEPHEN: The St. Stephen Local Chapter of Registered Nurses, held a "Be your age" costume party at the home of Miss Helen Mowatt, on May 26. A short business meeting was held at which the committee reported that the proceeds from the "Movie" was \$111.35. The evening ended with flashlight pictures and refreshments.

A special meeting of the Chipman Memorial Hospital Alumnae Association was held, and arrangements completed to conduct a dance for the graduating class, following the graduating exercises. Generous offers of help have been received from several sources and the dance is to be financed by the Alumnae to the extent of \$50.00, with the generous offer of one of the "older graduates" to meet any deficit.

Sincere sympathy is extended to Miss Alice Powers in the sudden death of her sister Mrs. Amos.

REGISTERED NURSES ASSOCIATION OF ONTARIO

DISTRICT 1.

CHATHAM: The Annual Meeting of District 1 of the R.N.A.O. was held at Chatham on May 20, with a registration of eighty. The chairman, Miss Priscilla Campbell, Superintendent of the Public General Hospital, Chatham, presided. Following the invocation by the Rev. W. J. Preston, addresses were given by His Worship, Mayor J. L. Davis and the Rev. Father Maloney.

At the business session it was decided to provide for representation on the Council of all Alumnae Associations and other associations of registered nurses. Three hundred and thirty-three members were reported for District 1, and a challenge was issued to increase that number to five hundred this year. Miss Campbell appealed to all present to give greater support to *The Canadian Nurse* and pointed out the importance of forwarding material of interest to the editor, for publication. Miss Kennedy, of the Ontario Hospital, London, was appointed Convenor of Publications and subscriptions.

Mr. W. F. Thorne, Assistant Superintendent of Industrial Agencies of the London Life Insurance Company, outlined a plan of insurance for nurses as arranged by his company. Many points of discussion were brought up, dealing with the advisability of insurance, the benefits derived therefrom, and the different policies offered. It was decided that further information be secured from several insurance companies. At the

close of the morning session the members of the executive of District 1 were entertained at a dainty luncheon at the Public General Hospital, as the guests of Miss Priscilla Campbell.

At the afternoon session a most interesting address was given by Dr. J. R. M. Martin on **CANCER, ITS EARLY DIAGNOSIS AND TREATMENT**. He gave much important information regarding the cause and treatment of this disease and in closing, said, that if cancer increases in the next few years as it has in the past thirty years, it will fall heir to the title Sir William Osler gave to tuberculosis. "The Captain of the Men of Death." Little Yvonne Kemp entertained the audience with delightful readings. Pleasing choruses were rendered by the student nurses of St. Joseph's Hospital, and the Public General Hospital. Following the meeting, the visiting nurses were guests of the Alumnae Associations of St. Joseph's Hospital and the Public General Hospital at tea served in the mezzanine of the William Pitt Hotel.

CHATHAM: Miss Priscilla Campbell, Reg. N., Superintendent of the Public General Hospital, Chatham and Chairman of District 1 Registered Nurses Association of Ontario, leaves the latter part of June for an extensive tour abroad, and will attend the International Congress of Nurses to be held in Paris. During her stay in Europe, Miss Campbell will take post-graduate work in hospital and nursing administration at St. Thomas's Hospital, London, St. Bartholomew's Hospital; Guy's Hospital, University College Hospital, and the Royal Infirmary, Edinburgh. Miss Gertrude Myers, Reg. N., Public General Hospital, Chatham, also leaves aboard the Empress of Britain, to attend the International Congress of Nurses.

CHATHAM: The graduation exercises of the School of Nursing of St. Joseph's Hospital, Chatham, were held in the auditorium of the Vocational School on May 10, when fifteen graduates received their diplomas.

DISTRICT 2.

BRANTFORD: The graduating exercises of the Brantford General Hospital School for Nurses, were held on June 3, when twenty-six students received their diplomas and pins. Dr. W. Sherwood Fox, President, Western University, London, was the guest speaker. Immediately following the exercises, a reception was held and a dance was given in the evening, in honour of the class, by Miss E. M. McKee, the superintendent of the hospital. The graduating class were also the guests of the Alumnae Association at a banquet and dance held at the Golf and Country Club recently. Toasts were proposed by the Misses G. Buzza, M. Hollister, L. Mortimer, F. Posno and M. Nichol, and responded to by Misses M. Gillespie, K. Charley and E. M. McKee. Miss H. Stevens and Miss C. Biffin sang pleasing solos. Miss E. M. McKee and Miss K.

Charnley graciously received the guests. Out-of-town nurses included Miss Bartley, Miss J. Davidson, Mrs. Henderson, and Mrs. Matson.

KITCHENER: In the presence of representatives of the hospital board, the medical profession, the clergy, the hospital auxiliaries, and their own relatives and friends, the Class of 1933 of the Kitchener and Waterloo Hospital School of Nursing recently received their diplomas. Behind a border of roses, snapdragons and carnations, the thirteen members of the class, in their trim white uniforms made a memorable picture. The three winners of special prizes were Miss Reta Galliher, for general proficiency; Miss Florence Wiegand, for surgical technique, and Miss Selma Ruhl for obstetrics. The members of the Kitchener and Waterloo Ladies' Auxiliaries arranged a delightful reception and dance following the exercises. The guests were graciously received by Miss K. S. Scott, the superintendent of the hospital, by Mrs. James S. Lockie, president of the Waterloo Ladies' Auxiliary, and Mrs. C. Duncan Welch, president of the Kitchener Ladies' Auxiliary. The members of the Alumnae Association also entertained recently at a dinner in honour of the graduating class. Covers were laid for eighty guests, who were welcomed by the president, Mrs. Wm. Noll and the executive committee. The graduating classes of the hospital from 1900 to the present time, were each represented, and a happy feature was the address given by Mrs. Walter Ziegler, a graduate of the 1900 class. Out-of-town guests included: Miss Mitchell, Mrs. Baker, Mrs. Hathaway, Miss McCartney, Mrs. Merner, Mrs. French, Miss Muir, Miss Snider, and Miss N. Scott.

WOODSTOCK: For the first time since its inception, Hospital Day was observed at the Woodstock General Hospital this year, when more than three hundred visitors took advantage of the privileges extended. The superintendent, Miss Helen Potts, received the guests, and members of the Alumnae Association escorted them through the various departments the excellent facilities of which occasioned many congratulatory remarks. A delightful tea was served under the auspices of the Hospital Auxiliary, with Miss H. Potts, and Mrs. J. R. Shaw, president of the Auxiliary, receiving.

DISTRICT 4.

HAMILTON: The Alumnae Association of the Hamilton General Hospital entertained at a dinner, on June 2, at the Scottish Rite Club, in honour of the graduating class of 1933. Among the guests of honour were Dr. and Mrs. Langrill, Dr. and Mrs. Holbrook, Dr. and Mrs. M. G. Brown, Dr. J. K. MacGregor, and Miss MacPherson Dickson, of Toronto, who spoke briefly to the graduating class on PROFESSIONAL PRIVILEGES. The guest speaker, Professor Gilmour, of McMaster University, delighted everyone with his address on EXCURSIONS INTO THE REALM

OF FOLKLORE AND MYTHOLOGY. Miss Helen Aitken, President of the Association cordially welcomed the guests and proposed the toast to the King. The toast to the guests was proposed by Miss Ada Scheifele, while the toast to Alma Mater was proposed by Miss Edna Bell. Violin and vocal numbers were given by local artists which contributed to a very enjoyable evening.

MARRIED: On May 13, 1933, Miss Vera M. Martin, (H.G.H. 1927), to Mr. S. P. Thacker of Grosse Pointe Park, Mich.

HAMILTON: The graduating exercises of the School of Nursing of St. Joseph's Hospital were held during May when the following nurses received their diplomas: Miss E. Roberts, Miss M. Swidinski, Miss B. McKenna, Miss D. Copp, Miss A. Farrell, Miss M. Metzker, Miss M. Sinnott, Miss A. McQuillan, Miss M. Butler, Miss M. Brown, Miss A. Bishop, Miss H. Silari, Miss P. Wilton, Miss R. Ricci, Miss I. Yaeger, Miss K. Ion, Miss M. Doyle, Miss M. Castle.

The Graduating Class of 1933 of the School of Nursing of St. Joseph's Hospital was entertained by the Alumnae Association at a dinner held on June 5, in their honour.

MARRIED: On May 11, 1933, Winnifred Dwyer (St. Joseph's Hospital, Class of 1923), to Mr. John Enwright of Greenville.

NIAGARA FALLS: The Alumnae Association of the School of Nursing of the Niagara Falls General Hospital entertained the graduating class of 1933, on May 13, at a dinner bridge in the roof garden of the General Brock Hotel. The tables were decorated with large silver bowls containing pink roses and snapdragon, and lighted with pink candles in silver candelabra. The favors were shoulder bouquets carried out in the color scheme of pink and white. Miss G. Thorpe, President of the Alumnae Association with Miss I. Hammond, Miss A. Irving and Mrs. Garner received the guests. The toast to the graduating class was proposed by Miss G. Thorpe, and was responded to by Miss H. Royce, senior of the graduating class.

DISTRICT 5.

TORONTO: On May 27, a general meeting of District 5, R.N.A.O. was held at the Toronto Hospital for Consumptives, Weston. The lovely grounds, with lilac and other shrubs in bloom, were unusually attractive on this sunny afternoon, and delighted the members who arrived in motor parties. The Superintendent of Nurses, Miss E. MacPherson Dickson, received in the splendid new surgical building, which was opened by the Governor-General about a year ago, and conducted groups on an observation tour. The visitors were privileged to watch, from the galleries of the operating room, while Dr. Robert Janes performed thoracoplasty operations. Each gallery has a complete glass front and is fitted with a loud speaker by means of which the surgeon explains the stages

of his work. Dr. W. J. Dobbie, Medical Superintendent of the hospital, and Miss Dickson gave short addresses to the members gathered in the Assembly Hall. About one hundred people were served at a delightful tea in the residence and the charge of 35c each was donated to The Queen Mary Hospital for Children.

At the evening meeting Dr. Robert Janes, gave a lecture, illustrated with slides, on SURGERY IN TUBERCULOSIS and Miss Dorothy Mickleborough, President of District 5, made a complete and interesting report of the R.N.A.O. Annual Meeting at Windsor. Lengthy discussion followed the adoption of the report of the Permanent Education Fund Committee and it was decided that a large bridge be held in the fall to cover the deficit for 1931 and 1932.

TORONTO: The Annual Meeting of the Alumnae Association of The Department of Public Health Nursing, University of Toronto, was held in the School of Nursing, on June 1, about fifty members being present. Mr. Wilfred Shute, of the Hart House Camera Club, gave an address illustrated with slides. The following were elected to the Executive, which according to the constitution, elects from its numbers, the officers of the association: Miss Louise Curtis, Miss Laura Gamble, Miss Lawson, Miss Ririe, Miss Agnes Hefferman, Miss Leslie Shearer, Miss Hutchison, Miss Sparrow, Miss Lyons, Miss E. Cryderman.

TORONTO: Miss Edith Campbell, and the supervisors of the Toronto Branch, Victorian Order of Nurses, gave an informal dinner for the visiting V.O.N. supervisors who attended the extension course in supervision, arranged by the School of Nursing. Miss E. Kathleen Russell and Miss Florence Emory of the faculty of the School of Nursing were included in the group, many of whom went on later to the Graduating Exercises of the Toronto General Hospital.

The Staff Council of the Toronto Branch, V.O.N. held its annual picnic on May 31, at Island Park. This is arranged each year as a farewell to the University Students, just completing their practise field-work with the organization. Miss Abdurrahman, who graduated in Constantinople, and Miss Pabon, from Porto Rico, were among the group of guests, and added greatly to the general enjoyment. Miss Abdurrahman, when invited, enquired anxiously whether the Canadian mosquito would also be present, as she had made his acquaintance, to her sorrow, when spending a week-end at Red Cross Outposts at North Bay and Trout Lake. The table groaned with good things and no one seemed a nimble runner at the game of baseball which followed.

TORONTO: Mrs. J. M. Godfrey, Convener of the Advisory Nursing Committee, entertained the staff of the Toronto Branch V.O.N. at a picnic on June 7 at her lovely home at

Port Credit. A large motor bus brought the party from Toronto, and all enjoyed the flowers, the lake and delicious refreshments.

MARRIED: On April 20, 1933, Eileen M. Magnon (St. John's Hospital, Class of 1922), to Mr. Robert Yule, of Cobourg.

MARRIED: On February 2, 1933, Edna Ford (St. John's Hospital, Class of 1931), to Dr. Clive Lyons, of Lindsay.

OSHAWA: At the April meeting of the Alumnae Association of the Oshawa General Hospital, it was decided to hold an organization meeting and to form a chapter of District 5 of the R.N.A.O. This meeting was held on April 12, and Miss Beamish of the Western Hospital, Toronto, was the principal speaker. She outlined the purpose and plans of the chapter, and the election of officers resulted as follows: President, Miss N. Fidler, Ontario Hospital, Whitby; Vice-President, Miss Haires of the public health staff; Secretary-Treasurer, Miss Reid, Oshawa; Programme Convener: Mrs. Chant, Oshawa; Convener of Private Duty Section: Miss Tribble, Oshawa; Convener, Public Health Section: Miss Ann Scott. At the close of the business meeting a social hour followed, which gave all the new members a chance to become acquainted.

MARRIED: On April 15, 1933, at Bowmansville, Neta Pierce (Oshawa General Hospital, 1932), to James McNaught, of Oshawa.

DISTRICT 6.

PETERBOROUGH: A meeting of District 6 was held in the Nicholl's Hospital, on May 18, with twenty-five members present, representing Port Hope and Peterborough only. The meeting was called to order by Miss Bell, president of the district, and the members answered the roll-call by giving the name of a muscle or bone. Miss Bell spoke briefly of the district's sad loss in the death of Miss Simmons, and it was moved by Sister Gonzaga, Peterborough, that a letter of sympathy be sent to Miss Simmons' relatives. Mrs. Leeson gave a report of Nurse Education Fund, showing a very successful year. Miss Anderson gave a very interesting paper on the convention held in Windsor, which was followed by discussion of the purpose of the Nurse Education Fund. Dr. C. M. Scott gave a very instructive talk, with pictures, on DISEASE AND ITS TREATMENT IN INDIA. After the adjournment of the meeting, tea was served in the reception room.

DISTRICT 8.

CORNWALL: District 8, R.N.A.O. held its spring meeting on May 27, at the Hotel Dieu Hospital, Cornwall. Miss Dorothy Percy presided. The visitors were welcomed by Rev. Father D. A. McPhee, Dr. C. J. Hamilton, Medical Officer of Health for Cornwall, and Dr. H. J. Mack, President of the Cornwall Medical Association. Routine business was disposed of in the morning, and

reports given of the recent R.N.A.O. convention at Windsor, by Miss Acland, Miss Jean Church and Miss Percy. At the luncheon which was held at the Cornwallis Hotel, Mr. F. B. Brownridge, Secretary of the Board of Governors of the Cornwall General Hospital, was Chairman, and introduced Mr. George E. Brennan, one of Cornwall's leading barristers, who delivered an address on the nursing profession. At the afternoon session Miss Eileen Flanagan, of the Royal Victoria Hospital, Montreal, who recently returned from post-graduate work in English and Scottish hospitals, gave an informal talk on her experiences in a number of hospitals in London, Manchester, Liverpool, Glasgow, Edinburgh and Belfast. Miss Ethel Johns, Editor of *The Canadian Nurse*, followed with a challenging address, pointing out the responsibility of the individual nurse for the success of our own magazine. At the close of the meeting, afternoon tea was served by the Reverend Sisters, Miss McLellan, and the nurses.

OTTAWA: A meeting of the Lady Stanley Alumnae Association was held at the Royal Ottawa Sanatorium with Miss Mabel Stewart as hostess. Miss Jean Wilson, executive secretary of the Canadian Nurse Association, spoke of the aims and work of the magazine and of its importance to all nurses. An inspiring address was given by Miss Thelma Williams, of the Welfare Bureau. Officers for the coming year were elected as follows: President: Miss Jean Blyth; Vice-President: Miss M. McNiece; Treasurer: Miss M. Slinn; Secretary: Mrs. R. L. Morton; Directors: Miss E. McColl, Miss McQuade, Miss Belford, Mrs. W. C. Elmitt; Press Representative: Miss Evelyn Allen; Representative to THE CANADIAN NURSE: Miss Anne Ebbs.

OTTAWA: The President and the Executive of the Alumnae Association of the Ottawa Civic Hospital School of Nursing were hostesses recently to the graduate staff and members of the Association at the tea hour. Over one hundred guests were received by Miss Gertrude Bennett, Superintendent of Nurses, Miss Emily Maxwell, and Miss Edna Osborne, President of the Association. The table was attractively arranged with spring flowers and tapers in pastel shades. Mrs. Wilfred Parmalee, Mrs. Eldon Veitch and the Misses Gertrude Moloney and Evelyn Pepper presided, and were assisted by the Misses Dorothy Moxley, Evelyn Jeffrey, Wynn Drake, Hazel Gilson, Jean Craig, Grace Froats, Gladys Roy, Harriet Campbell, Mary Luton and Gladys Moor-

head. Mrs. G. W. Dunning and Miss Elizabeth Curry were conveners.

MARRIED: At Erskine Presbyterian Church, Ottawa, on March 25, 1933, by the Rev. Dr. George E. Ross, Frances Louise Wilson (Ottawa Civic Hospital, 1931), to Stuart Evans Hanson, of Hull.

PRINCE EDWARD ISLAND

CHARLOTTETOWN: The graduating exercises of the School of Nursing of the Prince Edward Island Hospital were held on May 12, in St. Paul's Hall, Charlottetown. The diplomas were presented by His Worship Mayor Stewart, and the graduating class received beautiful bouquets from the Women's Auxiliary of the Hospital, who also arranged a pleasing programme for the occasion. The address to the nurses was delivered by Dr. F. W. Tidmarsh of the Polyclinic. Following the exercises, an informal reception was held in the Nurses Home, where Miss Mair, Superintendent of the School, was hostess to the nurses and their friends.

QUEBEC

MONTREAL: The dinner given annually by the Alumnae Association of the Royal Victoria Hospital in honour of the graduating class was held in the Ritz Carlton Hotel on the evening of May 3. There were about two hundred present. The tables were decorated with daffodils and iris, and silver candelabra with yellow candles. The guest speaker was Miss Ethel Johns, who gave an address on THE ARISTOCRATIC TRADITION IN NURSING. Miss Hersey announced the prize winners who were: HIGHEST STANDING, FIRST DIVISION: Helen MacKay; HIGHEST STANDING, SECOND DIVISION: Edna Janes; WARD REPORTS, FIRST DIVISION: Helen Mills; WARD REPORTS, SECOND DIVISION: Grace Vanderwater.

SASKATCHEWAN

MOOSE JAW: The staff of the General Hospital entertained the graduating class of 1933 at a theatre party followed by a reception.

MOOSE JAW: The student nurses of Providence Hospital recently entertained a number of friends. The evening was spent in card playing and dancing.

MOOSE JAW: At a recent meeting of the Graduate Nurses Association, it was decided that the graduate nurses' fees be reduced, for the present, to \$3.50 for 12 hour duty, and \$5.00 for 24 hour duty. Formerly the charge was \$5.00 for 12 hour duty.

. . . OFF . . . DUTY . . .

Everybody seems to be taking ship . . . Montreal is full of nurses . . . going places . . . and seeing things . . . flaunting leaflets . . . decorated with pictures . . . of the Arc de Triomphe . . . and the Louvre . . . it gives us . . . what the French call . . . une nostalgie . . . which means the way you feel . . . when you think of . . . how Paris looks . . . from a little steamer . . . on the Seine . . . on summer evenings . . . we hope our official delegates . . . will not be too busy . . . making the world safe . . . for democracy . . . or nursing education . . . or even public health . . . to stand on a safety island . . . if it is still there . . . on la Place de la Concorde . . . and look up . . . Les Champs Elysées . . . about four o'clock . . . on a fine afternoon . . . something strange happens . . . especially if a French regiment . . . or la Garde Republicaine . . . comes marching by . . . this is the French equivalent . . . of looking across the Thames . . . from St. Thomas's Hospital . . . or over St. James Park . . . about ten at night . . . and hearing the wild water-fowl . . . give drowsy croaks . . . in the middle of London . . . and we always liked . . . to see the policeman . . . on point duty . . . just outside Victoria Station . . . even on winter nights . . . after a grisly Channel crossing . . . his cape glistening with rain . . . there was something about him . . . which made this English heart . . . respond in the same way . . . as the French heart . . . which is lifted up when it hears . . . a military band . . . play Sambre et Meuse . . . an inspiring performance . . . even to a foreigner . . . a wet policeman . . . is not a romantic object . . . but the English are not . . . a romantic people . . . they take their pleasures sadly . . . and their policeman seriously . . . which may account . . . for the Commonwealth of Nations . . . but we must not discuss politics . . .

THE CANADIAN NURSE

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No. 8

AVERTIN: A NEW ANAESTHETIC

WESLEY BOURNE, M.D., C.M., M.Sc., F.R.C.P.(C), Anaesthetist, Western Division,
The Montreal General Hospital; Lecturer in Pharmacology, McGill University.

New things in medicine are bound to be of interest to nurses, though so many of them come up continually that it is hard to keep up-to-date. A new thing is the use of avertin in anaesthesia. Its great advantage to the patient is that he goes to sleep in the same comfortable manner as one usually does when tired and sleepy. There are none of the evidences of excitement, which often occur in inhalation anaesthesia; on the contrary, there is peace and tranquillity, rather than commotion.

It is true that more time is spent for the induction of anaesthesia, in that the administration of avertin must be started half an hour before the time set for the operation. It is also true that the nurse has to be extraordinarily attentive in the post-operative period, on account of its frequent prolongation, and the patient's restlessness, which is, however, easily controlled with morphine. While recovery is delayed the patient does not suffer, is never nauseated, and wakes up in a very comfortable state. When possible, there should be a special nurse in attendance, but good nursing should not be grudged to the poorest when we consider the benefits of this wonderful drug.

The trade mark name of tribromomethyl alcohol is avertin, the synonyms are ethobrome and tribromethanol. It is crystalline, odourless, has a very bitter taste and is soluble in water at 40 degrees centigrade up to 3.5 per cent. Solutions heated much above 40 degrees may decompose to form products which are poisonous. In solution in distilled water it is neutral to congo red, which changes colour when decomposition occurs. It is readily soluble in most organic solvents, such as alcohol, ether, chloroform and acetone. This fluid is kept in the dark and must be well stoppered.

It was not until 1927 that Eichholtz showed that avertin possesses anaesthetic properties. Soon after this, several simple but important pharmacological investigations were carried out concerning its dosage, its action on the circulation and respiration, its absorption and excretion and its toxicity. Then it began to be used in the operating room and very quickly two schools developed; those who decried it as being dangerous, and those who saw its advantages and recommended it most highly. The former group were careless, gave too much, administered it too quickly,

allowed it to be given by almost anybody, got numbers of fatalities—some reporting fifty deaths in a thousand—and then blamed a good thing instead of themselves for their ignorance or carelessness, or both. The latter group were careful, followed the advice of the pharmacologists, gave personal supervision, and are in a position to say that avertin is a very useful medicament.

Effect on the nervous system

The chief action of avertin is on the central nervous system, producing sleep, which, in all of its initial sensations is identical with that of natural slumber; the patient enjoys going under, the few mental aberrations are always of a pleasant nature, in other words the impressions are not perturbed and there is no struggling. While it is true that avertin depresses the vital centres of the medulla oblongata, this does not become a serious matter when the recognised doses are adhered to and when the substance is given slowly. The superficial nerve endings are not always depressed to the point of complete anaesthesia; the individual will therefore sometimes respond to irritation, which may be allayed by such drugs as procaine or percaïne.

Effect on the respiratory system

The breathing becomes slower and less voluminous, yet not sufficiently to occasion alarm. There is no irritation of the respiratory tract, so that there is no interference with the sense of smell, no holding of the breath, no coughing, no salivation, and no mucus formation. Should the breathing become markedly depressed we have at our disposal several stimulants, which will be discussed later. In cases wherein avertin produces complete anaesthesia, the muscles of the jaw, tongue and throat will be relaxed.

For this condition one must take steps to maintain patency of the upper air passages.

Effect on the circulatory system

It has been shown that the heart is not affected by therapeutic doses of avertin. There is a moderate fall in blood pressure due to vasomotor depression. Information has been obtained from experiments employing the heart-lung preparation of Starling, which show that avertin, in concentrations much higher than are found in ordinary avertin anaesthesia in man, produces no deleterious effects upon the heart.

Effect on the blood

Like all other anaesthetic agents, avertin produces an acidosis, which means that the carbon dioxide combining power of the plasma is lowered and the blood becomes less alkaline than it is normally. However, the figures all point to a mild acidosis which compares very favourably with that of ether. The acidosis is due to a disturbance in the metabolism of phosphoric and lactic acids. As in the case of ether, these acids leave the muscles, sojourn in the blood and liver, and during recovery are redistributed and partly excreted after the resumption of kidney function, when quantities of phosphates are found in the urine. There is a slight rise in blood sugar, but decidedly less than in the case of ether. Another effect on the blood is that which concerns its fluidity, and here we find an initial dilution followed by some concentration, whereas with ether there is concentration only and to a greater extent. This blood concentration may explain the subsequent thirst. As heat regulation and water exchange are closely related, it is proper at this juncture to mention that the temperature of

the body is lowered, which occurs in other forms of anaesthesia and is due to depression of activity.

Effect on the kidneys

A study of the rate of secretion and composition of the urine in dogs reveals that avertin causes an early anuria of short duration, followed by obliguria and recovery within four to six hours, after which the percentage of urea shows that kidney function soon returns to normal. In human beings there is no evidence of such kidney depression, due no doubt to the smaller doses employed. After the resumption of kidney function the phosphates of the urine are enormously increased, which fits in with the explanation of the acidosis mentioned above.

Effect upon the liver

The liver is such an important structure that any measure of the action of a drug on it may be taken as good evidence of what is going on concurrently in the rest of the body. A very sensitive and delicate test for liver function has been devised which depends upon the ability of the liver to remove a dye called bromsulphalein from the blood after it has been administered intravenously. A normal liver excretes this dye into the bile within half an hour after its injection, and any variation tells the degree of damage to hepatic function. For example, by this dye test it has been found that it takes six weeks for a liver to return to normal after chloroform anaesthesia in a normal dog, whereas with ether there is no dye retention after forty-eight hours. The harm done to the liver by avertin is negligible, normal dogs and human beings being interfered with in this respect less than happens with ether. Avertin has been given twenty-two times during ten weeks

for repeated painful dressings without measurable change in hepatic function. Let it suffice to say that liver disease does not preclude the use of avertin, but points to care about dosage as in all other serious diseases.

Method of administration

One weighs the patient and usually gives 100 mg. per kg. of body weight, and reduces this quantity to 90 or 80 in case of debility from any cause, such as old age, nephritis, hepatitis, pneumonitis, anaemia, or any disease producing a general condition that is below normal. For the healthy young, and for normal adults, it is quite permissible to increase the dose to 125 mg. per kg., or more, with judicious consideration. The drug must be measured accurately, put into distilled water at a temperature of forty degrees Centigrade, tested with congo red, and instilled into the rectum slowly, taking about ten minutes. The room should be darkened and there should be no noise.

It is well to use with avertin some form of local anaesthesia to control the irritability of the nerve endings and to lessen the afferent impulses. Often it is necessary to give some general anaesthetic, when usually, nitrous oxide or ethylene will suffice. Occasionally it is imperative to add a little ether vapour to the gases. Whatever these additaments, their quantities will be minimal and their ill effects lessened.

Morphine ought not to be used before avertin as its benefits are replaced by avertin, and it is in itself a respiratory depressant. It may, however, be given freely during the post-operative period to control restlessness. It is recommended to inject atropine beforehand as it stimulates the breathing centre and dries up secretions.

Should breathing be unusually depressed one may administer carbon dioxide with oxygen for inhalation, or ephedrine intravenously, or coramine, or metrazol. All of these drugs are excellent stimulants. To illustrate, if one gives to a dog such a dose of avertin as will surely cause death so that respirations have ceased, the colour is extremely cyanotic and the heart very feeble, and then injects ephedrine intravenously, almost immediately breathing starts, very soon the animal winks, moves, and in about five minutes is walking. The impression is that of a miracle.

In order to alleviate the acidosis it is well to administer a phosphate.

The formula is as follows:

Potassium bi-carbonate	G. 100
Di-sodium phosphate	G. 358
Distilled Water	L. 2

This solution should be plainly marked as being a concentrated stock solution and as being poisonous. For use it is diluted by adding

32 c.c. (1 oz.) to 500 c.c. (1 pint) of distilled water for every fifty pounds of body weight. The reasons for the use of this solution are: it supplies an abundance of water which will allay the thirst and offset the blood concentration; it returns to the body the sodium and potassium phosphates lost through the kidney; it is alkaline and will alleviate the acidosis produced; it is hypotonic and will be very rapidly absorbed; further it has been shown that the potassium is most stimulating to any depressed living thing. A very important warning is that one must most carefully safeguard against the possibility of the concentrated solution being given as such.

Avertin is a very helpful addition to the drugs used in anaesthesia. In the Western Division of the Montreal General Hospital it has been administered to seven hundred and eighty cases without mishap and without the necessity of using respiratory stimulants.

THE ANNUAL MEETING IN NOVA SCOTIA

The annual meeting of the Registered Nurses Association of Nova Scotia took place on June 17 in Halifax and was immediately preceded by a five-day Institute sponsored by the Association and organized under the able and energetic direction of the president, Miss Anne Slattery. Since the Institute had given an excellent opportunity for the discussion of

many aspects of nursing education and practice the meeting itself was confined to the discussion of business.

It is quite apparent that important developments in nursing education may be expected in Nova Scotia in the near future and further news of them will be awaited with keen interest.



DOWN BY THE SEA

The belief that certain places have a magic of their own is one of the oldest beliefs of men. It may be sinister, it may be beneficent, but magic it remains. Nor is this magic entirely dependent upon the associations and traditions which cluster about those places where men have lived for many centuries. There are islands in many a far Canadian lake upon which the Indians will not land or

the eyebrow to be lifted, depending upon whether one were of the elect or not. To have come from *the Maritimes* conferred a certain distinction. It was so admitted, reluctantly, even by the native sons. It had to be, because it was clear that these persons were worthy of their own tradition.

Landscape has a great deal to do with the magic of certain places. Not far from Moncton we began



NORTHUMBERLAND STRAIT, PICTOU, NOVA SCOTIA.

Courtesy of the Canadian National Railways.

camp. Why? They smile and shake their heads. Because of a spirit which is there. What spirit? The spirit of the place, which is a good spirit but which must be respected, and not lightly intruded upon by ordinary men.

All this by way of explaining how we felt when we went, in all humility, to Nova Scotia for the first time. Long ago we had worked in a hall of learning which shall be nameless, in which the word Dalhousie caused either the hat or

to be sure that we were in Nova Scotia. The smell of the sea came in at the train windows, and long winding tidal rivers coiled away from the tracks, their banks a deep Venetian red, at low tide. In Halifax that evening there was a cool sea fog, and in the night, the harbour foghorns hooted their hoarse warning. Next morning, in the sunlight, there stood Dalhousie, that ancient seat of learning, quiet and dignified among its trees. One began to understand what it meant to come from *the Maritimes*.

As the days passed by we became sensitive to other values not realized at first. Nova Scotia is a proud province, yes—but its counties are yet prouder, and in their own right. You are not born in Nova Scotia, you are born in a county of Nova Scotia. A distinction, and a difference. Those who hail from Cape Breton are not as those who first saw the light in Pictou. Cumberland must not be confused with Lunenburg. But these things were too deep for us, we knew our place and did not try to be glib about them.

We felt more at home when families were under discussion. Such sentences as: "Her grandfather's second wife was my father's first cousin," seemed familiar to us, and we agreed that the social status of the lady in question was enhanced by this relationship. It was like that in North Wales when we were young, and we never thought much of that branch of the family which lived in South Wales. Possibly that is the way the Cape Breton family feels about the cousins in Lunenburg—but perhaps we had better

stop—such delicate shadings are only for the initiate.

Our particular job in Nova Scotia involved some lively discussion. It was then that the spirit of the place was revealed at its best—not blown about by every wind of doctrine, holding to that which has been tried and proven by time, but generous toward a different and even an opposite point of view. One of these days there will arise in Nova Scotia a School of Nursing which will affect nursing thought and practice throughout Canada as profoundly and beneficially as have its other centres of learning. It is in the making now, and the spirit of the place will be in it.

Before we came away we drove long miles beside the sea. The evening shadows turned it from azure to amethyst. The lilacs were no deeper a purple. That colour is imprisoned in a gem which is native to Nova Scotia. When we wish to invoke the magic of the place all we need do is touch an amethyst, cool, deep, and constant, but with a hidden flame in its inmost heart.



CHESTER, NOVA SCOTIA

Courtesy of the Canadian National Railways.

ACUTE INTESTINAL INTOXICATION

ALAN BROWN, M.B., Physician-in-Chief, Hospital for Sick Children, Toronto.

The first to describe the disease in America was probably Dr. Benjamin Rush; he had noted its prevalence in the Atlantic coast towns and thought that it was peculiar to the American continent. This disease, which is of medical interest in tropical and temperate zones, occurs sporadically during the year, but in Canada and the northern part of the United States it exists in epidemic form during the months of August, September and October. It commences suddenly with diarrhoea and vomiting; frequently diarrhoea begins first, followed by vomiting. In a day or two drowsiness and toxæmia appear, and the disease terminates in death in the majority of the severe cases.

Clinical Picture

Acute intestinal intoxication, sometimes designated as cholera infantum or acute fermentative diarrhoea, is a distinct clinical entity. The condition is characterized by three cardinal signs and symptoms; namely, diarrhoea, vomiting, and drowsiness. The disease occurs chiefly in infants from two to twelve months of age, although occasionally it is seen during the second year of life and even later. It is encountered sporadically throughout the year, but in Canada and the northern part of the United States it occurs in epidemic form during the months of August, September and October.

The history usually obtained is that the illness starts with diarrhoea. In some instances the

diarrhoea is followed in 24 to 48 hours by drowsiness. The vomiting occurs two to ten times a day. The stools, which are five to ten a day, are loose and watery and sometimes contain mucus, but not the pus and blood seen so frequently in dysentery. The degree of drowsiness varies even in the same infant. In the mild and moderately severe cases the infant may appear quite bright when aroused. Even the disturbance produced by undressing the infant may be sufficient to dispel any evidences of drowsiness. For this reason the patient should be carefully observed before being disturbed in any way. When roused the infant has a shrill, piercing cry, although in the severe cases the cry may be only a weak moan. The temperature rarely exceeds 102° or 103°; the colour of the skin is ashen gray, the eyes are sunken, the hands and feet are cold and clammy and either cyanosed or gray in colour. Dehydration is invariably present, as shown by loss of elasticity of the skin. The liver is usually enlarged. In many instances infections of the upper respiratory tract, including the ears and mastoids, are encountered.

The condition occurs not only in the under-nourished marantic infant with a history of previous gastro-intestinal disturbances, but likewise in infants of normal weight with no history of previous trouble. It is a disease chiefly of the free dispensary class, being rarely encountered in well-to-do families, although we have seen an occasional case in this latter group.

The course of the disease may be very rapid, some infants dying within 24 to 48 hours of the onset

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of drowsiness in spite of any treatment employed. In other cases the drowsiness disappears and the vomiting ceases within 24 hours of the institution of treatment and the infants make an uneventful and usually rapid recovery. The remaining patients continue to vomit slightly and are drowsy for many days before they make the turn one way or the other. The mortality in the severe cases is very high, being well over 50 per cent. This is irrespective of the previous nutrition of the infant. In fact, the large, rather fat infant frequently shows the least resistance to the disease.

Treatment

In the autumn of 1929 the following routine treatment of acute intestinal intoxication was instituted in the Hospital for Sick Children. A direct transfusion of 15 cc. of whole blood per pound of body weight is given as soon as possible. Subsequent transfusions, as indicated by clinical observation of the degree of toxicity, are given in 24 or more hours later. This measure helps in combating toxæmia, through supplying water, acid and bases in their normal proportions. The administration of large amounts of fluids is necessary, but on account of the vomiting and diarrhoea, routes other than the gastro-intestinal tract have to be used. Subcutaneous administration by gravity is the easiest, and less discomfort is produced in infants and children when the subcutaneous tissue of the abdomen is used instead of the axilla.

The fluids injected subcutaneously are 5 per cent glucose solution, normal saline solution, or a combination of 5 per cent glucose and normal saline. Approximately 10 cc. of the selected fluid per pound of body weight is administered one to three times a day, de-

pending upon the rate of absorption. In severe cases where the dehydration cannot be remedied by the subcutaneous route, or if the degree of toxicity is marked, fluids should be given intravenously or intraperitoneally.

It would appear that a combination of glucose and salt solution is most suitable. The glucose solution supplies water to correct dehydration, and for the excretion of unwanted acids and toxic substances, and supplies antiketogenic material and calories. The saline solution supplies the bases and acids which have been lost through vomiting and diarrhoea. Here the best results are obtained when three-quarters of the parenteral fluid is administered in 5 per cent glucose solution, and one-quarter in the form of physiological saline solution. The parenteral administration of fluid is continued until the patient is able to take a normal amount by mouth and the clinical dehydration has disappeared.

During the acute stage of the illness, milk feedings are contraindicated because of the poor toleration; i.e., they accentuate the vomiting, diarrhoea and toxæmia. The solutions given by mouth are either a 15 per cent sugar solution, consisting of 7½ per cent glucose and 7½ dextri-maltose, or a solution consisting of 1 part of 1 per cent sodium citrate, orange juice 2 parts, and 10 per cent glucose 3 parts (C.O.G.). This last solution, in addition to supplying water, antiketogenic substance, and calories, also counteracts acidosis, due to the fact that in the process of digestion the organic acid is destroyed and bicarbonate is formed. The ice-cold fluid is given in teaspoonful doses, not more frequently than every five minutes, with a total of 1 to 2 ounces per hour. If the vomiting is marked, the stomach is lavaged with a solution of sodium bicarbonate, 1 teaspoon-

ful to the pint, a rest period of one to two hours is allowed, and fluid is again started.

When the infant has been free from toxicity for about forty-eight hours, and vomiting has ceased, or is only occasional, milk feedings are started. These may consist of a mixture of evaporated milk of half the concentration that would be ordinarily used for the patient, according to age. An ounce of rice flour may be added. A dilute protein milk, one-third to two-thirds strength, is useful if the diarrhoea has been very severe. The C.O.G. is replaced very gradually by the milk mixture. If vomiting and toxæmia recur the milk feedings are discontinued, and only C.O.G. is given for a further period.

Summary

1. Acute intestinal intoxication, a disease of the autumn months, is characterized by diarrhoea, vomiting and drowsiness.

2. The blood serum in acute intestinal intoxication shows a decrease in bicarbonate; that is, an acidosis. This is due to loss of base through diarrhoea and vomiting, and piling up of acids through failure of excretion. Loss of chloride through vomiting, and a reduced amount of serum through loss of water, modify the acid base concentrations.

3. The routine treatment of acute intestinal intoxication, as carried out in the Hospital for Sick Children, Toronto, is the following: transfusion of whole blood; the administration of fluids parenterally, one-quarter of the amount being administered in the form of normal

or physiological saline solution, three-quarters as 5 per cent glucose solution; sodium citrate, orange juice and glucose solution, or 15 per cent sugar solution by mouth until the toxicity has disappeared; then diluted evaporated milk or protein milk formulae.



A Fine Record

The citizens of Winnipeg have for many years had reason to be proud of and grateful to the Margaret Scott Nursing Mission. The courageous and devoted woman from whom the Mission takes its name gathered about her workers who were of her own calibre. Chief among these, for twenty-nine years, was Miss Eliza Beveridge, a graduate of the School of Nursing of the Winnipeg General Hospital. She is held in respect and affection both by those whom she served and by those with whom she was associated in that service.

The influence of Miss Beveridge was particularly potent in those student nurses who were fortunate enough to be assigned to the Nursing Mission for a period of affiliation. Her keen sense of duty, her untiring devotion to her patients and her quiet fund of humour endeared her to her pupils and gave them a sense of social values which hospital work does not always inculcate.

Miss Beveridge is a charter member of the Manitoba Association of Graduate Nurses, and the board of directors marked the occasion of her retirement by presenting her with a lamp as a token of their appreciation. She was also the guest of honour at a reception given by Miss A. W. Moody, formerly Superintendent of Nurses at the Winnipeg General Hospital and honorary president of the Alumnae Association. Miss Beveridge will in future reside in Vancouver and the good wishes of her own school and of many other Western nurses will follow her to her new home.

STILL-LIFE

ELIZABETH WATSON, Student in the School of Nursing of the Toronto General Hospital

"Sweet peas, ma'am, seventy-five cents a bunch. Real fresh and pretty. Just came in this morning, ma'am".

"Yes, they are pretty, but how about your violets? They're lovely at this time of year".

"The same price, ma'am".

"Well, I'll take some of both, and will you make them into a bouquet with some other spring flowers?"

That was all that the saucy young snapdragon could catch of the conversation, for the customer, having made her way toward the door, paid for her purchase and was gone.

A silence closed in for a few moments, then the door was flung open and a young boy burst into the room.

"Make up a bouquet of spring flowers, Jim. Stick in some sweet peas and violets anyway, and use your own judgment about the rest. Address it to Ward K, and send it directly to the City Hospital. It's to be there this afternoon at about two o'clock. That's all. So long".

Jim took off his coat and hat, straightened his tie and set to work. The silence grew more tense. Who would be chosen? The sweet peas and I felt quite content; there was no need for us to worry. We would be in on this party anyway, and while I was thus contemplating, the boy placed us in a bright green box lined with crisp white paper that snapped when he touched it, then looked about the shelves for the additional members. The carnations held their breath and turned their pretty pink faces toward the sunlight to catch the rays which at that moment were pouring in

through the open window. But Jim's hand reached up past them to some iris, tall and slender, looking like stately young queens in their deep blue vases. Some of these he carefully separated from their companions and placed in the box, then quickly, yet with an accurate eye, snapdragons, stocks, roses, daffodils and tulips, mingled with mignonette and forget-me-nots, were added to the soft fragrant cluster.

It was not long before we were ready, and the tulips, looking quite perky and feeling perfectly satisfied with their new surroundings, raised their fine heads to have a farewell glance at their less fortunate comrades who were to be deprived of the adventure; then the lid was put on, something was tied firmly around us, and with a flurry we were whisked into the car and driven away.

All seemed very strange and mysterious once the light had been obstructed from our view. The roar of the engine as the car started, the jolting and then the long drive were very nerve-racking, indeed. It seemed to us an endless time that we remained huddled together in our dark enclosure, and then relief came at last. The lid was being raised, the white paper separated — (What a rustle it made!) — and then the blessed light and sunshine. People were talking and saying such nice things.

"Oh, what a glorious bouquet," said a tall girl in a crisp white uniform.

It was difficult to accustom our eyes to the light, but after a few blinkings and shakings of the head, everything was quite clear. The

room, for it was a room after all, was quite different from the one we had just left. The windows were wide open and lines of blue and white basins and cups filled the shelves. A bright sterilizer, flinging clouds of misty white steam into the air, gasped and groaned in the corner.

"What a horrible place," whispered a bunch of timid forget-me-nots and slid behind a bold snapdragon who seemed to be perfectly at home in his new surroundings and was peering audaciously about him. But we were not to remain here for long. Presently a nurse appeared and, after sniffing at the roses for what seemed to me to be a ridiculous length of time, carried us out into the ward.

Row after row of beds. Where did they end? The sunlight beat in through the open windows and revealed to our eyes the cool quietness of a hospital ward. It seemed as though we were carried over endless ground and then the nurse stopped and, holding us up so that all the patients might see, said, "Aren't these flowers gorgeous? I'll put them here in the middle of the ward so that everyone can see them".

Really, it was quite flattering to be told how lovely we were, and not to feel a trifle overjoyed at the praises bestowed upon us would have been, I believe, inhuman. Thus, it gave us a little extra confidence, and the sweet peas and I, feeling rather inferior to our taller companions, lifted our heads as high as we could and looked out upon our new world for the first time.

The rows of white beds seemed endless, but every bed contained a different personality; different not only from the standpoint of nationality, but different in their own individual way. Sorrow, pain and anxiety had marred and lined many

a face, stealing from it that child-like simplicity and adventuresome expectancy that is present in youth.

I do not mean to say that sorrow only was written upon their countenances but rather the very opposite. For, in these faces, softened with age and pain, there was a kindly light of tolerance which people in general envy and respect. One realized that these individuals had suffered much, and though they had not been able to regain health they had gained something else . . . infinite . . . intangible.

The sun was by this time slowly dipping towards the west. Outside the soft shadows of the evening could be seen falling like a veil over the city. People were hurrying to and fro. Cars, honking, started and stopped in the traffic, then bounded ahead again like an eager dog freed from its leash.

All footsteps were turned homeward. Offices, schools, stores, all were closing for another night. A day's work had been completed and the people who had accomplished the work were going home. They had some definite work to do; they had interests in life; they had something to live for. Gazing at the faces before me, I could read the wistful expression in the eyes of some of the patients. Some were too ill to long for an active life and were content, for the present at least, to let it slip by, happy in the knowledge that a healthier day was about to dawn. Others in near-by beds realized that their lives of hard work and active responsibility were over. If God permitted it, and health was once more restored to them, they must be content to sit quietly by the fireside and to busy themselves with the less demanding duties that each day might bring to them.

About the middle of the long row of beds, on the left-hand side, lay a pretty young girl about nineteen

years of age. She was not reading or occupying her hands in any way, but lay gazing ahead, thinking. It was not difficult to guess where her mind was travelling. Her thoughts were revealed by the expression on her face. She was talking now to the patient in the bed next to her, and by leaning forward I was able to catch certain phrases. She was discussing her condition and used such terms as "rheumatic fever" and "a permanent heart condition". What rheumatic fever and heart conditions had in common I did not know, but I gathered from the conversation that she would be confined to bed for some time and would never be able to indulge in any strenuous activities again.

It was pathetic to see her lying there with such a look of longing in her eyes. All her life lay before her, stretching like a pale, glistening ribbon far into the future. It had many ups and downs, even mirages, but there it was before her. It seemed desperately unfair that she should be denied the many pleasures of youth and yet her expression was gradually changing. She kept looking in our direction, gazing at us, and slowly we were bringing a ray of light and hope into her despairing life. It was not long before the weary eyelids closed in light slumber, and she slept contentedly like a child with a look of serene beauty upon her face.

What were her dreams? We were not certain, but we believe that in them she found much that was lovely and perhaps had visions of flowers nodding pleasantly in the breeze. Her life was not deprived of beauty after all.

Although I did not close my curious eyes through the night the time seemed to pass very rapidly. Periodically, like a sentinel on duty, the night nurse stole softly up and down the ward, flashlight in hand; perhaps to carry a cup of hot milk

to some restless patient, to pull a blanket more snugly around another's shoulders, or to lower a window.

At the far end of the ward a soft light shed faint flickering shadows down the long corridor. Under its shade lay a form wasted and worn. Disease had gained its hold and had proven itself too strong. Slowly, very slowly, life was drifting away. Faithfully and patiently the night nurse paused on her rounds to perform little services which would give a sense of comfort and peace. As the first morning light crept into the sky and the dark shadows of the night slowly departed, the triumphant soul ascended into the eternal morning, leaving behind it all memories of suffering and of pain.

Soon the early sun was shining through the partly opened windows lighting each bed with the first morning ray. Everyone was busy; everyone's mind was occupied. Nurses hurried to and fro carrying tubs and basins. Faces were washed, beds made, tables tidied. Everything was being put in order for another day, and on this particular day a clinic was to take place. What a clinic was I did not know, nor had I ever heard of one before. Nevertheless, a clinic was coming and it was going to be at the bedside of the woman directly in front of us. I heard her discussing it several times with the patient in the bed next to hers, so I was quite convinced that it should arrive before long.

There was excitement in the air. What should we watch for? What did a clinic look like? The sweet peas thought it would be some kind of circus with clowns and a Punch and Judy show to amuse the patients, while the daffodils thought it might be something good to eat. However, none of us knew definitely what to expect and, when

finally a group of student nurses appeared, accompanied by a doctor and a supervisor, we were disgruntled. This was the clinic! The snapdragon behaved very rudely and announced right then and there that he would go to sleep. This decision he most promptly carried out by pushing me violently forward until my head leaned far out over the edge of the vase. However, I was not uncomfortable and I found that I could hear and see everything that was going on quite well.

The doctor began by introducing his subject with the impossible phrase "pernicious anaemia". I did not know what pernicious anaemia was so I found that I was compelled to listen very attentively. He spoke about the colour of the patient's skin and remarked on her anaemic pallor. He emphasized that

her condition might become quite serious if treatment were not adhered to, also that if the required amount of liver were eaten every day the progress of the disease might be checked. Would she accept the challenge to health? It was then that I noticed the expression on her face and was convinced that she would do all in her power to assist the doctors in their efforts to get her well.

I was weary by this time and felt my head drooping slightly when we were carried away again into the noisy room, where the sterilizer roared in the corner. I was too sleepy to notice particularly the procedures which were carried out. All I remember was the cutting of stems and the refreshing thrill and taste of fresh, cold water, — and then I fell asleep.

PROVINCIAL COMMITTEES CARRY ON

After much discussion and careful consideration of the responsibilities entailed therein the personnel of the Provincial Joint Study Committee for the Province of Quebec has been appointed, and is as follows: Chairman: Miss C. V. Barrett, R.N., President, A.R.N.-P.Q.; Secretary, Mrs. David Munroe, R.N.; *Representing Provincial Medical Associations*: Dr. A. T. Bazin, Dr. E. P. Benoit; *Representing the Montreal Hospital Council*: Madame J. Lacoste Beaubien, Dr. John MacKenzie; *Representing the Quebec Branch of the Catholic Hospital Association*: Rev. Pere Durocher; *Representing the Sections, A.R.N.P.Q.: Nursing Education*: Miss Martha Batson, R.N., Rev. Mere M. V. Allaire, R.N., Miss M. K. Holt; *Private Duty*: Melle. Alice Lepine, R.N., Madame Caroline Vachon, R.N., Miss Sara Ma-

theson, R.N.; *Public Health*: Miss Marion E. Nash, R.N., Melle. Annonciade Martineau, Melle. Marie Pelletier, R.N.

In Manitoba there is as yet no direct move along legislative lines, but the preliminary process of education is well under way, as will be seen in the following report of the Secretary of the Provincial Joint Study Committee.

Two meetings of the Manitoba Joint Study Committee have been held during the year. At the first of these, Dr. Moorhead was elected to the Chair and the functions of the Committee were discussed and plans outlined for future activities.

Miss Jean Browne, Secretary of the National Joint Study Committee, attended the second meeting and gave some suggestions regarding the objectives of the Committees in various provinces and stressed the necessity for them to work in unison and to keep in contact with the Central Committee in Toronto.

As a result of the Committee's deliberations all the training schools (15 in number) were requested to co-operate by giving publicity to the contents of the Survey at their Graduation Exercises, either by asking the principal speaker to deal with the subject or by permitting someone nominated by this Committee to give a brief outline of the report. Only two hospitals dissented and two did not reply. In several instances the Committee was requested to arrange for a speaker, and did so. The Manitoba Association of Registered Nurses offered to defray expenses, but was only once called upon to do so.

Dr. Moorhead gave an enlightening presentation of the contents of the report before a large audience at a session of the National Conference on Social Work in Canada, which was held in Winnipeg last June. Miss K. Haig, of the editorial department of the *Winnipeg Free Press*, also gave a comprehensive review of the Survey at one of the monthly meetings of the Central Council of Social Agencies. Considerable interest was shown in the subject and many questions were asked at the conclusion of this meeting.

As a result of deliberations with officers and directors of your Association, the personnel of the Committee has been increased and now consists of representatives of:

Manitoba Medical Association; Manitoba Association of Registered Nurses (including direct representation of the three standing Committees—Educational, Private Duty and Public Health); Hospital Boards of Trustees; Laity (representing incidentally the Press and the Provincial Department of Public Health and Welfare); Department of Agriculture (Women's Division); United Farmers Association; Manitoba Hospital Association; Manitoba Educational Association; Manitoba School Trustees Association.

It is interesting to note that the one hundred copies of the Survey secured by the Manitoba Association of Registered Nurses have been sold and more are now on order. As the publication is limited, those who still desire to procure a copy

are advised to place their requests with the Registrar as soon as possible.

The National Committee has issued a summary of what they consider should be the objectives of the Provincial Joint Study Committees. The Chairman of the Provincial Committee, however, feels very definitely that the future of our profession depends largely upon the effort of individual members of our organizations, rather than upon those of a special committee and that this committee should act in an advisory capacity and assist in creating judicious publicity.

At the Annual Meeting, the Secretary of the Joint Study Committee gave a brief summary of the proposed policy of the Committee and urged upon members of the Association the necessity for individual interest on the part of nurses, if the profession is to arrive at any satisfactory solution of the various problems under discussion. She presented an outline of questions† prepared by the Chairman of the Committee which it is felt, will have direct bearing on conditions as they exist today. These questions are to be forwarded to the various sections with the request that they be discussed and a possible solution presented at the next meeting of the Association.

The Committee in Manitoba clearly recognizes the vital importance of inducing the nurses themselves, as individuals, to participate in the common task of bringing about reform. The President of the Canadian Nurses Association stressed this very point in these words‡ "Of what avail is the avowed support of groups if that of the individuals which compose such groups is withheld?" It is amply evident that in Manitoba, at least, everyone is expected to share responsibility and to lend a hand.

† See *Manitoba Shows the Way*, "The Canadian Nurse," March, 1933, p. 128.

‡ Emory, F. H. M., "The Canadian Nurse" in a New Uniform, "The Canadian Nurse," March, 1933, p. 115.



MEDICAL ASPECTS OF RELIEF

MARGARET L. MOAG, Reg. N.,

District Superintendent, Victorian Order of Nurses, Montreal.

A Round Table Conference on Problems in the Social Administration of General and Unemployment Relief was held during the week of May 1, in Ottawa. This conference was conducted under the auspices of the Canadian Council on Child and Family Welfare and all sessions were held at the Château Laurier. Administrative relief officials, social workers, public health nurses and medical men were in attendance from all parts of the Dominion, and one felt that there had never been a more earnest group of men and women gathered together to discuss a serious situation.

Prior to the meeting, five major committees had been convened and the chairmen of these respective committees had prepared and distributed outlines in preparation for discussion later. The homeless man, the single destitute woman, family relief, lack of medical care, the relative responsibility of private and public philanthropy, creation of remunerative employment, occupational and recreational projects were among the problems under discussion, and committees worked early and late in preparing recommendations which were submitted to the plenary session for discussion and adoption clause by clause.

It was evident that great lack of uniformity in the distribution of relief existed throughout Canada, and the conference recommended that an advisory committee be appointed by the Dominion Government with powers to formulate minimum standards of relief and relief services, and to advise on problems connected with the depression.

The committee on the care of the single destitute woman held an all-day session, and among the recommendations adopted were those which suggested the establishment of work rooms; domestic and other training schemes; the necessity of recreational facilities for the older as well as the younger woman; the importance of helping to preserve mental, physical and spiritual health; and ways and means of discouraging the present movement of young girls from the rural areas to cities in search of employment. Interest in unemployed nurses was manifested but it was recognized that employed nurses are alive to the situation, and are assisting the less fortunate members of the profession.

The deliberations of the committee on Health and Medical Care, under the chairmanship of Dr. G. S. MacCarthy of Ottawa, were of special interest to nurses. The accompanying findings reflect the attitude of this committee toward the medical care of the unemployed:

In harmony with the understanding of this conference, your Committee on Health and Medical Care does not desire to bring forward any resolutions but the report which follows is a summary of the opinion expressed and agreed upon in the committee.

In the opinion of your committee, a paramount duty of the State in all its branches is the maintenance of the health of the people.

In our opinion in respect to relief given to unemployed persons of Canada with their dependents in their own homes, medical care should be included.

Medical care shall mean and include the services of a medical practitioner, dentist, nurses and other related care.

The necessary medical supplies and drugs shall be considered a part of this care.

Drugs and medical supplies under the meaning of these terms shall be given upon medical authority.

The above services should be available through the existing channels as far as possible, and the personal relation of doctor and patient should not be disturbed.

Your committee views with approval the present facilities in Canada with respect to Public Health Services and would most respectfully urge that these services be maintained.

Public health nurses whose chief concern is the safeguarding of the health of our Canadian citizens, will welcome the hope of medical care for the unemployed, for they have drawn heavily upon the gratuitous services of private physicians during the past two years, in an endeavour to secure necessary medical attention for these families.

Though there appeared to be a prevailing idea that we shall not emerge from the present depression and unemployment situation for yet another year, there was also an optimistic feeling that we have

overcome previous depressions and will do so again.

The work of this conference will undoubtedly do much to clarify thought and method in the administration of relief, and should result in more satisfactory conditions for our unfortunate Canadian people who are out of employment and on relief from Government funds. It would be impossible to do more than partially summarize the work of one or two sessions in an article such as this, but the report of the proceedings is available for a small fee from the Canadian Council on Child and Family Welfare and is well worth the consideration of every Canadian nurse.

Social workers, facing the task of keeping up the morale of individual and family life, have worked in close co-operation with public health nurses during these difficult years, and, as a result, each professional group has a clearer and a more sympathetic understanding of the functions of the other in their respective communities.

FIRST AID FOR THE UNEMPLOYED

The "JOURNAL" is indebted to Colonel Tomlinson, Honorary Secretary of the Alberta Division of the Canadian Red Cross Society, for the privilege of publishing this account of a practical application of war-time measures to a peace-time emergency. Miss Florence Reid, R.N., field organizer and nursing supervisor for the Canadian Red Cross Society, established the service described below.—EDITOR.

Early last fall it became apparent at the Red Cross Divisional Headquarters in Calgary, that there was a growing need for first aid among the unemployed. The

policy of the Red Cross is so well-known that people knew where to turn when in dire need. Daily the number of applications for medical care increased and often some doctor, or group of doctors, were called upon to render services gratis and, too frequently, to give from their own stock of medical and surgical supplies. Little co-operation was available in the matter of follow-up nursing and surgical dressing care, owing to the fact that there is no outdoor clinic in this city. Organized first aid was also lacking.

On November 1, 1932, a first aid and dressing station was opened by the Alberta Division of the

Canadian Red Cross Society, the Calgary Branch assisting substantially and the St. John's Ambulance Brigade, Overseas, co-operating in the dressing-room. A registered nurse was placed in charge. The intention was to demonstrate the need, the extent of which could be ascertained only by demonstration. During the first twenty days, eighty-six people applied for assistance of various kinds. Twenty home visits were made by the St. John's Ambulance Brigade to patients in need of observation and care and three visits by the Sister in charge.

The question of supplying proper nourishment to the sick who were unable to attend the community kitchen to obtain food, presented a serious problem. On November 19, through co-operation with the community kitchen and the Provincial Government, systematic distribution of food to the sick was undertaken. This was a difficult task and in its accomplishment the St. John Ambulance men rendered admirable service. A picture of the work at the station is given by the nurse in charge:—

On one of the busiest days in December, some sixty people came in. A number of these were gastric cases, who are able to be around, but can eat only light food. Most of these people are elderly, and all are incapacitated in some way and unable to walk far, or to go out in cold weather. Several are crippled and cannot obtain food unless it is taken to them.

There are several old men who are subject to asthma, and one has "rheumatism," as he calls it, so badly that he can only move around his room. Another has heart trouble, and between them, the "full diets" seem to have most of the ills that flesh is heir to, the worst being a total lack of home comforts or of relatives to look after them in their old age.

Many patients come in with old wounds to be dressed and requiring dressings to use at home, also burns, frost bites, boils and infected fingers or toes receive attention from day to day. There was a boy who came late in the

afternoon, who had both hands covered with blisters and ulcers. He had been going about in the bitter weather with an old rag tied around his hands for days. This boy went to the hospital the next day.

There is, however, a cheery side to the picture, such as "The Oldest Inhabitant" who comes in on a cold day to sit for an hour by the radiator and drink the good soup, which a kind friend gives the station for just such people. This old chap is nearly eighty and as independent as those of his generation generally are. No having his food taken to him! As long as he "can get around, Miss"—he will. He is lame and has asthma and a chronic sore throat, but all we can do for him is to welcome him when he comes, give him a hot drink, and a gargle and hope that someone will let us know when he is no longer able to "get around." He is not alone in his independence—there are three or four who come in every few days, and for whom we can do some little thing, and to whom we give a lot of politely-received advice, which no doubt is heeded just as much as any we might offer to our own grandfathers.

The system of work has undergone repeated change as need after need presented itself. The meals for the sick and disabled are now being delivered daily under Red Cross management. The station is intended to help those who are out of work and on city relief, but assistance is also rendered to transients or to persons arriving from the country who require first aid care and are without means of obtaining it. Any minor disability is treated for which the resources of the station provide sufficient means.

A very fine spirit of co-operation has been demonstrated in this work. Seventy-five doctors have given of their time and kindly assistance. St. John's Ambulance men make many trips daily to and from the sick-rooms. Private duty nurses have ably assisted the charge Sister and, when bedside nursing has been required, the Victorian Order of Nurses has co-operated.

NURSING IN CHINA

MARGARET GAY, R.N., Weihwei Hospital, Honan, China.

The content of this article consists of excerpts from a letter written by Miss Gay to friends in Toronto. Miss Gay is a graduate of the Vancouver General Hospital and was a member of the Toronto Central Registry for three years.

Here at Wei Hwei we have only half the main hospital in use. Downstairs we have a ward of twenty beds, with verandah space for eight or more which helps out in the busy summer season. Upstairs we have much the same accommodation for women, with a room for maternity cases and a small nursery. Had we sufficient staff we would have the whole hospital open, but at present, with the hostel work, this is as much as we can do. The larger part of the work is in the Out-Patient Department. People come and stay in the hostel, providing their own food and bedding, and friends may also stay to care for them. These patients come to the afternoon clinics, and their dressings are done by a graduate Chinese nurse and several very good helpers. We could easily accommodate a hundred hostel patients. Of course, only those who are not very ill can be cared for there.

Those who need real nursing are brought into the main building, no matter whether they can pay or not. The charge per day for ward patients for nursing and food—and the ward is just like any at home—is thirty-five cents Mexican silver, which at the present rate of exchange, is about ten cents Canadian currency. That seems so very little, but a man in comfortable circumstances may not earn that much in a day for the support of

himself and his family, so it means a lot to most of the village people. Apart from this, we charge for medicine and for operations if the patient is able to pay. A mastoid costs a poor person about \$1.50 Canadian currency, and an appendectomy may be twice that. Sometimes I tell the Chinese nurses what these things would cost in our country, but they just can't grasp the facts.

Any of the friends who wait anxiously in the hall outside the operating room, and try to peek in through a crack to see what is going on, are impressed with all the whiteness of everything, and the number of people decked in gowns and masks and looking so queer. They little guess what skill and experience lie behind what the doctors are doing, and what a very small portion of the actual cost they are paying, but they are wonderfully appreciative, and amazingly patient and easy to care for.

Yesterday we had two big operations — abdominal cases — huge tumors removed from rather elderly women. They didn't say a word or show the least sign of fear or anxiety as we got them ready and put them on the carriage and brought them into the operating room—a place that would make most folks sick with fright at the first glance at the instruments and other queer objects. They say nothing as they bend over for their spinal anaesthetic—we hardly use anything else—and they usually make no sound or fuss, just a tight clutch of the hand that is keeping tab on the pulse. That part falls to me sometimes, the watching of the patient throughout the operation. This morning we had a

young man with a bad appendix, a Sunday morning emergency. He went through it like a brick. Poor chap, he had been jiggled and jolted over many miles of road as four men carried him in from his home. He must have found the bed he was put into mighty comfortable and restful.

The trouble is they never want to go away, and we have to use all manner of persuasion sometimes to get our beds emptied for new patients clamoring to come in. We have just now the usual variety of cases. Nothing monotonous about hospital life in China. One is a very bad case of asthma with various complications, the next is a stone in the bladder case, the next nephritis and pleurisy, then a man who was carried off by bandits and, in escaping, lost his shoes and socks and wandered around in the coolest weather for eighteen days in his bare feet, which were badly frozen by the time he was brought to us. The next man is a gun shot case. We have lots of them in this land of bandits.

We have all varieties of T.B. conditions, and a lot of intestinal cases and gastric ulcers. Everything comes our way sooner or later—pneumonia, typhoid, accidents of all sorts. Trifling things like smallpox and diphtheria they don't bother bringing. China has come along a bit in the matter of vaccinating against smallpox, but smallpox in China is of many varieties, and even vaccination doesn't always protect. Last week, while putting on a plaster cast on an old lady's leg, I happened to ask the doctor about a baby who had been brought to the clinic with a very bad type of smallpox. The doctor told me the child had died, and the old lady quite calmly said, "We lost four of my grandchildren this week with the same thing. Yes, they had been vaccinated, but they went in spite of it." Poor things, how

helpless they are. All these diseases just sweep through the villages and cities every few months, and it is no wonder the adult patients we get can pull through so much, for the very fact of having lived to grow up is a sign of a pretty strong constitution—the survival of the fittest.

We have a School for Nurses, and there are fourteen pupils just now. I have the pleasant work of seeing that the young hopefuls do as they are told when they put theory into practice on the wards. I also have a few hours of classes every week. It is very interesting, and pleasant, in spite of the fact that one often feels more inclined to do the work oneself than check others up in the doing of it. Our students really work splendidly, considering that nursing is still quite a new thing in this old land. Class work occupies quite a good part of each day. The course is very similar to what we have at home, and we are under the Nurses Association of China.

Today for the first time our snow and ice began to show signs of melting. Though the thermometer never goes very low we feel the cold keenly, and wear as warm clothes as we did in Toronto. We have very little stormy weather, and not much snow or ice, but a settled cold that goes through you and keeps you shivering. Our furnaces heat parts of the houses, for which we're thankful. Three months from now we shall doubtless be longing for a whiff of this cool air, but just now you can't make us believe it. We long for spring, and for the sun to waken us up in the morning instead of the turning out of bed in the darkness and chill of January.

It is time for the first planting of seeds in boxes indoors. Once spring does commence everything comes along so fast that we have gardens before we know it. The summers,

though very long and very hot, are lovely in many ways. Our compounds have such quantities of flowers and fruit, and the whole countryside looks so pretty. The river that runs past the foot of our garden winds in and out for many miles through the country, joining a larger river that leads out to the coast. We sometimes get goods in by boat from Tientsin, transhipped to smaller boats some distance east and brought to our gate. Train service is near at hand, too. The train that runs between Hankow and Peking runs past within sight, about an English mile away, and on the other side of us is another short line going east and west and connecting some of our stations that happen to be in line with a big mining centre, for which the railway exists.

Miss Leslie and I are living together in the house nearest the hospital. Our compound is a big place and covers as much space as several blocks at home. You would enjoy coming down to Honan on our nice express, as comfortable as anything you could wish, the dining-car spotlessly clean and every table adorned with a lovely plant that we like to look at through the big shining windows. China is changing, but as a nation she has a tremendous way to go before she can overcome certain handicaps. The people individually one cannot but admire more the longer one lives here, from the official who came to the hospital today, a polished gentleman speaking the nicest English, down to our new little house boy, a lad who is taking the place of his brother who was with us until recently but died of tuberculosis. We didn't know he had it. Nearly all of them have in some form or other, and when they begin to go downhill it takes them off very quickly. This boy was such a willing lad, so happy and eager to help with everything. His

brother is now learning the ways of a foreign house, and is as keen as though he were getting ten thousand a year. He is the only one of his family who is earning, and there are eight of them at home. They have a tiny bit of land. How little they live on, just a mere existence it seems to us. They work so willingly and gladly, and are satisfied with so little of the good things of life. No wonder China has survived. The Chinese have some wonderful characteristics all their own.



Mrs. Prince Resigns

Much to the regret of her associates, Mrs. William Prince (Isabel Manson) has terminated her connection with the McGill School for Graduate Nurses and will accompany her husband to the United States where he will engage in medical practice.

Mrs. Prince received the degree of Bachelor of Arts from the University of Saskatchewan and is a graduate of the School of Nursing of the Presbyterian Hospital, New York. After serving as a member of the staff of the Victorian Order of Nurses in Winnipeg, she was granted a scholarship by the Order which enabled her to take the course in Public Health given under the auspices of the League of Red Cross Societies at Bedford College, London.

Upon her return to Canada in 1927, she joined the staff of the Order in Montreal and in 1929 resigned in order to accept an appointment as Instructor and Assistant Director in Public Health Nursing in the McGill School for Graduate Nurses. Mrs. Prince is a niece of Miss Isabel Stewart and shares the capacity of the Stewart family to render notable service in activities associated with professional work. She served for two years as convener of the Public Health Section of the Association of Registered Nurses of the Province of Quebec and for three years as secretary-treasurer of the Public Health Section of the Canadian Nurses Association. She also made a valuable contribution to the work of the Central Curriculum Committee. The best wishes of her former colleagues and students will follow her to her new home.

Letters to the Editor

1 1 1

Student Councils and the "Journal"

A committee has been organized, through the Student Council of the Training School of the Toronto General Hospital, which purposes to contribute, for your consideration and approval, articles for the Student Page of *The Canadian Nurse*.

We have been interested in *The Canadian Nurse* and we are very pleased that we shall have an opportunity of sharing in this publication which is of increasing interest and help to our profession.

PATRICIA COLLINS,
*School of Nursing,
Toronto General Hospital.*

A Plea from a Red Cross Outpost

I am attaching the necessary to provide a personal right to read the *Journal*.

It has been off my reading list through procrastination. I like its new uniform but am sorry not to find the hatches and matches as well as the despatches. How can we of the frontier tell of the changes in our friends' Christmas card address without the marriage notices?

However, best wishes for *The Canadian Nurse*.

I. S.

I. S. is reminded that the "Matches" continue to be duly heralded in *News Notes* under the appropriate local captions. Diligent study thereof will keep that Christmas list up-to-date, and will perhaps lure her into reading about professional activities as well. Sorry we have to be stern about announcing the younger generation but, as we remarked before, the line must be drawn somewhere, even on the frontier.—Editor.



THE HARBOUR, HALIFAX, NOVA SCOTIA.

Courtesy of the Canadian National Railways.

PROBATION DAYS

ENA GRIGGIN, Student Nurse, The School of Nursing of St. Mary's Hospital, Montreal.

Probation Days! To the ordinary individual this simple little phrase bears no special significance, but in the heart of every nurse, it recalls some of the most unbelievable, comical, and even terrifying incidents that she has ever experienced. What a change it is to step from the doors of a high-school or university into a hospital. The newcomer begins her training, expecting this, expecting that, and finding something totally different. She has wild dreams of operations, sees herself amid agony and suffering, and hopes that there will not be too many deaths the first day.

The first day arrives, and the probationer and her companions are led quietly into a classroom by the superintendent, who explains the rules of the institution, outlines the requirements for a nurse and encourages the students to persevere and attain their objective. The first few months are devoted to class and observation. The beginners are taught the best possible methods of caring for the sick, so that they may fulfil their duties diligently. They study nursing history, and many other subjects in order to appreciate their profession and uphold the standards of their pioneer sisters.

I believe that it is the last month of probation which is the most eventful and exciting, for it is then that the young nurse begins her hospital work. All eyes are focussed on the new little nurse,

trying to be brave, and to avoid attracting attention, who loses all poise when someone at the far end of the ward informs the other patients, in her sweetest tone, that "these are the new probationers." Defiantly she strives on, thinking it would be heavenly if only she had a cap and bib, and could talk naturally while giving that first bath! If only that patient who has been in the hospital for months would stop telling her what the other nurse does! If they would stop asking questions: "Are you from the city? What did you say your name was? Are you not forgetting the draw-sheet? Is that the towel on the floor?" And if only the supervisor would centre her attention on somebody else!

The days fly by and, with them, the probationer's uncertainty and nervousness. Gradually she becomes accustomed to the routine, though she still experiences a queer sensation when she sees the superintendent and supervisor talking in the hall, when doctors make their rounds, and she yearns more than ever for a cap and bib.

At last the probationer finds herself in complete uniform. The cap has come, and with it the satisfaction of work well done, the thrill of promotion, and the ambition and determination to be worthy of it, by being a help to her companions, an asset to her school, a comfort to her patients and a credit to her profession.





The Editor's Desk

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The International Congress

Thanks to the courtesy of the American Journal of Nursing the *Journal* is permitted to publish the following cabled information concerning important events at the International Congress.

Forty-two countries were represented and the total registration exceeded two thousand. An enthusiastic audience filled the huge Trocadéro when six countries were received into membership. These countries were Austria, Czechoslovakia, Esthonia, Hungary, Iceland and Japan, including Korea.

Miss Lloyd Still, Matron of St. Thomas's Hospital, London was elected President, a choice which will be a source of pride and satisfaction to British nurses in all parts of the world. Miss Clara D. Noyes was re-elected as first vice-president, Miss E. M. Musson as treasurer, and Miss Christiane Reimann as secretary. The second vice-president is Miss Alexander of South Africa. A royal reception was given the delegates both in Paris and in Brussels and the report of our Canadian delegates is awaited with interest.

The Personal Factor

It seems to be the deep-seated conviction of a few nurses and more medical men that students who do well in the classroom do not make good bedside nurses. When there is so much smoke there

must be some fire. Why this idea that, in the practice of nursing, a keen mind is a liability and stupidity is an asset? Doctors become decidedly vocal if slow and stupid nurses are assigned to the operating room, or to the delivery room, or to the care of their private patients. Medical health officers do not want them. Specialists scorn them. It seems then that medical men, whether they realize it or not, tacitly expect something more from a nurse than that she be amiable and submissive.

Is it possible that the trouble really lies in another direction and that we ourselves may have failed to foster in the intelligent student those aptitudes and attitudes which are rooted in character and disposition as well as in intelligence? The mechanistic era from which we now seem to be emerging did not favour the growth of such tender plants. They were killed out, not by too much book-learning, but by a disregard of the place of the humanities in any scheme of professional education.

The choice of candidates for admission to the nursing profession is admitted, by those responsible for making it, to be a difficult and responsible task. To begin with, it is seldom made with an entirely open mind. In the background is that haunting fear that if the class is too small in numbers there will not be sufficient staff on busy wards

next winter. Perhaps Miss Jones who is not very bright in class will have to be accepted. She seems a nice quiet girl and is good to the patients though she never seems to realize when anything goes wrong with them. Of course she should have reported that rash on Baby C's chest, and it was unfortunate about the tonsil case who had that concealed hemorrhage while the senior nurse was at lunch and the head nurse was busy in the chart room. But she has such a nice disposition—and she may learn to do better work later on.

Now the disquieting thing is that sometimes Miss Jones does learn, and sometimes she does not. That depends upon whether she has the sort of mentality which develops slowly but surely under favourable conditions or whether she is naturally and incurably dull. Both of these types may be the happy possessors of a placid temperament. The first is well suited to certain branches of nursing; the second is a menace to her patients however "good" she may be to them.

We must learn to discriminate early between these types of mentality and to reject candidates who are not of the desired calibre. We must also learn to develop in the intelligent student those homely virtues of good humour, patience and self-control which enable her to use her intellectual gifts to the best advantage. We firmly refuse to believe that many physicians put a premium on stupidity and even the few that do may be converted if we can show them that a nurse can be even-tempered without being stupid and kind-hearted without being dull.

The August Journal

New and interesting developments, with which nurses should

be familiar, are taking place in the field of anæsthesia. The leading article deals this month with *Avertin*, and is written by Dr. Wesley Bourne, anæsthetist in the Western Division of the Montreal General Hospital. The *Journal* is also privileged to publish an article by Dr. Alan Brown, on *Acute Intestinal Intoxication*, which is particularly timely during the summer months when the effective nursing care of infants suffering from this condition is of such great importance.

Three student nurses contribute articles which are in sharp contrast to one another. Nevertheless each of these displays a real sense of values and a capacity for expression which should prove stimulating to future student contributors. Public health nurses in general, and school nurses in particular, will enjoy Miss B. E. Johnson's thoughtful paper on *The Conservation of Vision*, and private nurses will read with interest *Two Cases of Mastoiditis*, by Miss Vivian Colpitts, herself a private duty nurse.

Miss Margaret Moag comments, in *Medical Aspects of Relief*, on some of the findings of the recent conference on unemployment which was sponsored by the Council on Child and Family Welfare. In *Notes from the National Office* the Executive Secretary describes the relationship of this council and of other national groups to the Canadian Nurses Association. The charm of the Orient makes itself felt in *Nursing in China*, which is really a letter from Miss Margaret Gay which her friends have been kind enough to share with the *Journal*. In *Down by the Sea* an attempt is made to catch that elusive thing, the spirit of the place. The delightful illustrations are published by the courtesy of the Canadian National Railways.

Department of Nursing Education

CONVENER OF PUBLICATIONS: Miss Mildred Reid, Winnipeg General Hospital, Winnipeg, Man.

DOES THE NURSE NEED TO BE EDUCATED?

WINNIFRED PAINTER, Student in the Preliminary Course, The School of Nursing of the Montreal General Hospital.

No profession which admits to its ranks low-grade, half-trained material can measure up to the high standard of achievement which should be evident in the nursing profession. Superior education is conducive to open-mindedness, yet teaches one to deliberate before making moves and to appreciate the necessity for exact knowledge. In all occupations to-day, education is taking a most prominent part—in many cases the demand for university training is becoming more urgent. Why, then, should modern nursing not set up equally high standards for a profession which though new is becoming an essential part of the medical world? If the nurse is to fill the place of the "handmaiden of medicine", it seems only logical that her education should be adequate to make her an intelligent co-worker with the medical men who have devoted seven or more years to their professional training.

There is a criticism abroad to-day of the modern plan of nursing education which is founded on the idea that a little learning is a dangerous thing. This statement would lead one to suppose that to avoid this danger one must either have less learning or else attain to a still higher standard of education. It seems impossible that anyone who understands the nursing situation, and the changes it has undergone, could possibly accept the former alternative. Therefore, as all learn-

ing is relative, both in quality and amount, it seems impossible that anyone should ever possess a sufficient store to be beyond the danger stage—if there be such a stage!

A little reasoning is not a dangerous thing if it is sound; but unsound reasoning that tends, intentionally or otherwise, to deprive the nurse of the advantages of a sound education is not only dangerous, but indefensible. To deny that the nursing profession has an inherent progressive tendency towards enlightenment and intellectual liberation is to deny the teachings of years of evolution.

Again there is great criticism of the nature of nursing education at the present time; it is said that the student is required to delve into too many things which have no direct bearing on the work which she must carry out to be an efficient nurse. It is true in nursing, as well as in any other profession, that many things are studied that have no immediate place in the work, but then, one is not expected to remember every little detail that they have had to learn at some time or other. Nevertheless, such an education gives one a wider foundation on which to build—new ideas and new methods are the more easily acquired and understood as a result of the groundwork that has gone before. It would, however, be impossible to draw up a curriculum which was perfect in every respect, so in this as in any

other college or training school, there is bound to be a certain amount of teaching, the value of which is open to criticism.

A fairly common statement is that a "cheerful disposition in the nurse is more important than intelligence." It is true that a cheerful disposition in a nurse is an important factor, yet it would be quite possible for a nurse of high intelligence to carry through the care of a case, however serious, with ultimate success, even in the absence of the ever-desirable cheerful disposition. On the other hand, would anyone willingly trust a dear relative or friend to a person of low, sluggish mentality even though endowed with the most kindly disposition. Moreover, the idea that a person of high intelligence should as a result display a cold, sour disposition in contrast to the cheerful temperament supposedly exhibited by dull individuals may be proven, in the majority of cases, to be a most evident fallacy. Intelligence and disposition, from a psychological viewpoint, supplement rather than neutralize each other. Sound judgment is admittedly a factor in nursing success; but sound judgment is directly related to, and conditioned by, intelligence.

In critical situations, such as occur in serious cases of illness, surely good judgment is obviously desirable. One could hardly expect such a response from one whose only claim to preferment was a pleasing disposition. Nursing qualities and personal traits should be viewed in their true perspective as factors in personality, and no trait should be extolled to the prejudice of another.

Mastery of techniques only, without liberal education that enlarges the moral vision and intellectual horizon, is, in the judgment of the *Survey*, spiritually dwarfing and benumbing to the nurse as to

any other citizen of the community. The nurse is primarily a human being before she is a technician. The existence of a positive correlation between intelligence and mechanical ability has been proven by psychologists.

In order to give the nurse the education which is advocated for the profession at this time it is most necessary that the candidate should be adequately fitted for the profession, not only with the necessary mentality, but with an adequate education as a foundation and that she should be mature. Again, the lectures in the training should be properly worked out to fit in with the requirements and the nurse should be given sufficient time to acquire the learning which is given to her. More real learning as opposed to lecturing the students in the customary fashion would eliminate many of the difficulties besetting the present-day trend of education. True education is a good thing and evil cannot come of good. Sound education inculcates proper attitudes towards the realities of life and instills a spirit of humility and service rather than the opposite. A higher standard of admission will not reduce the supply of students but will induce the right type of youth to accept the challenge which offers the difficult in preference to the easy,—but however difficult it may be, it must also be made truly desirable.

Nursing education should not be a thing distinct from any other kind of education; student nurses are dealing with human values and needs, with human problems and outlooks, as are the teacher, lawyer or doctor. If they possess adequate capacity, they respond to the same influences and their mentalities develop in the same manner. It is probable that the most satisfactory solution to the problems of nursing education — as of legal,

medical or other aspects of professional education—can be ultimately offered only by the university, which is most effectively equipped, staffed and financed to provide sane leadership and to serve as a clearing house for educational ideas. Such a nursing education would not only help to solve the many problems which beset the profession today, but would give to it a still higher status. It seems only right that the university should in time agree to grant degrees in nursing as in other professions, for the field of nursing, in the judgment of the *Survey*, presents sufficient scope

and wealth of content to warrant the establishment of degree courses. While the degree, in itself, can be little other than an artificial incentive to the student, it is at least some indication, especially in the public mind, of the desirable nature of the courses offered.

As a result, the question *Does the nurse need to be educated?* is answered very definitely in the affirmative. In the judgment of the *Survey*, the modern nurse should be given an adequate and liberal, as well as a technical education.

Book Reviews

NURSES HANDBOOK OF OBSTETRICS, by Louise Zabriskie, R.N., Field Director, Maternity Centre Association, New York City. Third revised edition, 535 pages, 280 illustrations of which 6 are in colour. Published by J. B. Lippincott Company, Canadian Office, 525 Confederation Bldg., Montreal. Price \$3.50.

The subject matter of this book deals with every aspect of obstetric nursing. It provides an excellent basis for study in that it contains a vast amount of valuable information for nurses and describes in detail obstetric nursing procedure. The province of the nurse in obstetrics is clearly defined in regard to both hospital and home nursing and in addition, her rôle as a health teacher as well as a bedside nurse is emphasized throughout.

The preventive aspect in the field of obstetrics is stressed particularly, and carefully planned health programmes for the mother and for the child are given considerable

space. In the text dealing with the obstetric complications the application of therapeutic measures from the standpoint of preventing more serious developments is described again and again—in fact, one may say that the theme of the book is prophylaxis.

A chapter of interest is that which deals with the subject of the mental hygiene of pregnancy. The psychoses of pregnancy, labor and the puerperium are discussed at length and comprehensively. There is, also, an interesting study of infant psychology from the standpoint of the pre-natal and the early post-natal phenomena of consciousness. The newer practices in the treatment of varicosities in pregnancy and in the use of analgesia to relieve pain during labor are fully described.

The titles and classification adopted concerning certain of the grave complications of pregnancy might be altered to advantage with a view to simplification and to the avoiding of confusion upon some

points. For example the title "Nephritic Toxæmia" is given to a toxic condition occurring in a pregnant woman having a *definite history of nephritis*. In view of the latter fact, the title "Chronic nephritis complicated by pregnancy" would be more truly descriptive of the condition, especially since the term nephritic toxæmia is applicable, also, to the toxic conditions known as pre-eclampsia and eclampsia. Also, under the heading of "Diseases associated with pregnancy" appears the title "Albuminuria." The description of this so-called disease and its treatment, that follows, is largely a repetition—and correctly so—of the text appearing under the title of nephritic toxæmia (referred to above) and of pre-eclampsia, diseases in which albumin in the urine is one of the most constant, and therefore cardinal, objective symptoms. The same may be said in reference to a condition of ascites; like albuminuria, it is not a disease but is a symptom of a disease—yet, in this book, the condition is classified as a disease. Such points as these, although of minor importance, nevertheless are confusing to the student, and, for this reason, somewhat mar a very fine piece of literary work.

A feature deserving of special praise lies in the wealth of illustrations to be found in this book. There are 280 of these (6 reproduced in colour) of which the

greater number have been photographed from the original; these alone make the book a noteworthy contribution to the field of nursing education. Their value is increased by the fact that each is accompanied by a carefully worded explanation. In many cases the illustrations appear in the form of a series of drawings or of photographs showing, step by step, certain procedures of special importance. Those concerning the details of the complete toilet of the infant and of his daily general care are particularly fine.

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Received for Review

NURSING MENTAL AND NERVOUS DISEASES FROM THE VIEWPOINTS OF BIOLOGY, PSYCHOLOGY AND NEUROLOGY. A text-book for use in schools for the training of nurses. By Albert Coulson Buckley, M.D., Medical Superintendent, Friends Hospital, Frankford; Professor of Psychiatry, Graduate School of Medicine, University of Pennsylvania, Honorary Consultant in Psychiatry, Philadelphia General Hospital. 57 illustrations, 321 pages, Third Edition, Revised. Published by the J. B. Lippincott Company, Philadelphia. Canadian Office, 525 Confederation Building, Montreal.



Department of Private Duty Nursing

CONVENER OF PUBLICATIONS: Miss Jean Davidson, Paris, Ont.

TWO CASES OF MASTOIDITIS

VIVIAN W. COLPITTS, R.N.; Private Duty Nurse, Saint John, New Brunswick.

Last winter I was called upon to nurse two rather striking cases of mastoiditis. They are interesting in that the first patient, whose condition seemed to be chronic, died, while the second, who was acutely ill, made a fine recovery.

The first case was a man, fifty years of age, apparently strong and healthy. He came home from his office on Christmas Eve, suffering from earache. Heat was applied, but as it failed to improve; a doctor was called. On the third day after the onset, an ear specialist was consulted, and that night the drum was punctured. This seemed to relieve the symptoms for a short time, but they recurred with increased severity. Each day he was examined for possible infection of the mastoid cells, but the doctors seemed to think that this was unlikely, and that an improvement would come soon. This condition, however, continued for five weeks, and radiographs showed a deep shadow in the right mastoid area, and a haziness in the corresponding area on the left. Three days later, he was admitted to the hospital, and a simple mastoidectomy was performed. A fair amount of pus was found.

His post-operative condition was good, and for a week he had a normal temperature, and a slow pulse rate. During this time, however, he continually complained of a severe pain in his head, near the

site of the anterior fontanel, and sedatives had to be given to procure sleep. On the afternoon of the eighth day, he had a slight chill, and his temperature became elevated. A consultation was held with another specialist, and the patient's eyes, ears and throat were thoroughly examined, but no evidence was found of a brain abscess. A two-hourly graphic chart was kept, which showed a wide range in temperature, and four days later, a second operation was inevitable.

In the operating room, the lateral sinus was opened, and the jugular vein was tied off; there was definite blockage in the sinus, and a thrombosis was seen. The temperature still remained high, and his condition was considered only fair. His respirations were very irregular, but his pulse was strong and regular. Two days later, his face showed an elevated reddened area on the side of the damaged ear; this area spread rapidly and was diagnosed as erysipelas. Scarlet fever antitoxin was given for three days. For four days the reddening continued to appear over the crown of the head, and down the other side to his neck, fading as it advanced. During this time he became very irrational his temperature mounted steadily, and tepid sponges were given every three hours.

Five days after the second operation, his condition was very poor, his respirations were Cheyne-

Stokes in character, his pulse weak and thready, and stimulants were ordered. At midnight of the sixth day, he lost consciousness, and the next day he died. A post-mortem was not performed, but it was thought that a brain abscess caused his death.

The second patient was a student nurse from the hospital where I trained. She reported off-duty the morning that my former patient died, suffering from a cold in the head, high fever, and general malaise. A day later a rash appeared on her body and she was transferred to the infectious hospital, with the diagnosis of measles. The next day, her temperature was very high, and she complained of soreness in the right mastoid area. Specialists were called in consultation, and it was decided that her temperature was too high to warrant an immediate operation. In the meantime, her ear drum punctured spontaneously, and a profuse amount of blood and pus was discharged. This eased the pain and gradually her temperature lowered.

Just a week after her transfer, she was returned to the general hospital, where a mastoidectomy was performed. A large incision was made and the bone was found to be eaten away and was very easily curetted. At the upper tip, the damaged bone reached through to the dura. The area was very extensive, a large amount of pus

was found, but there was no hemorrhage.

Her post-operative condition was only fair. Her fever was intense, her pulse rapid and of fair volume. The second day diarrhoea developed, which lasted for five days. This left her very weak, but with an increasing diet, she soon began to gain strength. During this period, there was a large amount of thick green purulent discharge. On the ninth day, she was removed from isolation, and because of the extensive sloughing around the wound, the quartz air-cooled radiation lamp was ordered.

Her incision was very slow to fill in, so a month after her first operation, the area was opened again. A piece of decayed bone was removed, and a pocket of pus was drained. At this time it was seen that the floor of the middle ear was badly damaged, but as a site for a skin graft had not been prepared it was left for a later time. A week later, a consultation was held with a specialist, and he advised that it be left to heal without surgical interference. His advice was accepted and while it has required more time, there has been less pain and inconvenience. The patient is now at home and is able to walk to the hospital each day for dressings. The wound is filling in nicely and she expects to be back on duty before many more weeks have passed by.



Department of Public Health Nursing

CONVENER OF PUBLICATIONS: Mrs. Agnes Haygarth, 21 Sussex St., Toronto, Ont.

CONSERVATION OF VISION

B. E. JOHNSON, Reg. N., Division of Child Hygiene and Public Health Nursing,
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It was about 1883 that Cohn published his "Hygiene of the Eye" and brought into prominence the necessity of testing the vision of school children. Since then, principally owing to the figures which Cohn showed and the conclusions he based upon them, the subject has received a large amount of attention in all countries. It was not, however, until the year 1908 that a system of medical inspection was established in Great Britain and the result showed that the percentage of defective vision is higher in girls than in boys, and that younger children exhibit a higher percentage than older pupils. Miss Mildred Smith, Associate Director of Nurses of the National Institute for the Prevention of Blindness, has admirably stated the objectives of vision testing as follows.

In vision testing, we have more to accomplish than just testing eyes. We are educating to the need of regular ocular examination. If in a general examination of the child, we do not include an inspection of the eyes and a vision test, we are prolonging that period in which people do not give the eye its place in the field of health work. Too long it has been considered that the eye is a mechanical thing, separate in terms of health from the system as a whole. We must help to correct so wrong an impres-

sion, giving some idea of an eye inspection and a vision test when the general health is being inspected so that parents will learn to appreciate that eyes may be influencing general health, and in its turn, that general health may be influencing eyes.

The agencies most likely to cause defective vision are: the influence of heredity; the influence of age; the influence of sex; the influence of consanguinity or kinship; the racial influence; the influence of disease; the influence of environment including school lighting. I shall deal briefly with the three latter influences, namely, disease, environment, and school lighting.

It is during early school life that the possibility of contagious disease being contracted is most likely, and it is during the acute stage of these diseases that the greatest care and attention are given to the affected children. During their convalescence they are allowed a great deal of freedom in the home. Upon their return to school, however, immediately after quarantine, they are inadvertently urged to make up for the time lost academically, whether it is two, three or five weeks. Naturally, in this state of lowered resistance, the strain on the eyes is marked.

Certain communicable diseases may definitely affect the eyes, such as syphilis, gonorrhea, smallpox, measles, and even chickenpox. Congenital syphilis may make its

(An address delivered to the School Health Section of the Ontario Educational Association, April, 1933.)

appearance in children of school age and takes the form of opacity or the cornea; this is called interstitial keratitis. Gonorrheal ophthalmia is, fortunately, less common than it used to be. In virulent types of chickenpox and smallpox, we may get a local lesion of the conjunctiva resulting in scarring.

There are some fallacies regarding diseases of childhood that have been so long a part of our beliefs that it is very hard to correct them even in the light of modern discoveries. One of the most important is regarding measles and a dark room. It has been proven that a room, where sunshine is let in, is not harmful to those suffering from measles. The light must not shine directly on the child's eyes, but no ill effect is caused by the room being diffused with light, and convalescence should be more rapid and infinitely more pleasant for the patient.

A great deal of time and study has been devoted to medical research respecting the influence of nutrition on the eyes. The conclusion reached is that general weakness of the body may result in a weakness of any of its parts, and, conversely, a weakness of one organ may unbalance the sturdiness of the whole body. We know that visual efficiency affects the working ability in childhood as well as in after years, and vision being our most important special sense, it is possible for a child's whole outlook, in the widest meaning of the word, to be affected by his sight.

In vision testing we can divide our group into three—the myopic eye, the hyperopic eye and the astigmatic eye, adding to the latter group, the cross eye or squint. Of the latter, we have too many amongst our pre-school and school children. Myopic children will not complain of symptoms. As they progress through the different

classes, there will be a slowing-up in their advancement because of the more general use of the blackboards for teaching purposes. They see clearly any object close at hand, read books easily and with comfort, but do not join in games and sport that require distant vision. It is much harder to find the defect in a child who is hyperopic by the ordinary method of inspection, and then only the severe types are revealed. The astigmatic and hyperopic eyes need a cycloplegic administered by an oculist, to determine the extent of the defect.

Ask a layman what he thinks is the cause of squint and he will say that it is the result of some sudden shock, fright, convulsions, whooping cough or some other childhood disease. In infancy, parallel vision is well established in the first year. In cross eyes, one eye is stronger than the other, the stronger eye focusing upon the object and the weaker eye ignoring the object and turning in. As the vision is not being used in the weaker eye, it rapidly fails and squint is established. Such a defect, if neglected, causes the loss of sight in that eye in many cases. Squint may be corrected without operation by early treatment; but to affect correction, it is imperative that treatment be instituted immediately the condition is noticed. Vision should be tested and glasses fitted to prevent the lessening of vision in the weak eye.

Most children will tolerate glasses at fifteen months of age, notwithstanding the skepticism of the parents. At this age, glasses accomplish much and if all children with such defect were under the care of specialists at the age of two years, there would be many cures of cross eyes and few operations later. The child must be encouraged to use the weaker eye to de-

velop the vision. The doctor will advise the best means to do this.

The influence of environment on the physical and mental development of the child is pronounced. To what extent such environment, whether at home or in school, is detrimental to the visual effectiveness of the child, can only be revealed by a complete examination by a physician. By a careful vision test and the noting of symptoms of eye strain, the nurse and teacher can screen out many children who otherwise might go without this service. It is well for the nurse to take cognizance of the other defects that have been noted on the pupil's health card. The failure to seek from the teacher a history of symptoms or habits indicating eye strain, or any abnormality, is one of the greatest sins of omission in school health work.

The classroom should be sufficiently large, with plenty of window space, and the light should come in to the left of the pupils without glare. Glare can often be prevented by having dull-finished desks and woodwork, and by having each window supplied with two buff translucent blinds attached at the centre of the windows, so that one may be raised by means of a pulley placed at the top of the frame work, and one may be pulled down. This will give the pupils on the farthest side of the classroom, light from the upper part of the windows and allow free circulation without draft. If the school board considers two window shades a ruthless extravagance, one shade may be used by attaching it to the window sill, and having a cord running to the top of the window, through a pulley, and fastened at the lower part so that the light may be regulated at different times of the day.

If there is artificial lighting, the fixtures should not be too near the ceiling, and the bulbs should be of

ground glass, or in a shade that permits distribution of light freely. The light standard should be 8-10 foot candles. This may be measured by the foot candle meter.

The blackboards should be of slate. These should not be placed between windows, or on the side walls to be used for class work, unless the seats can be moved to face the side wall on occasion. The teacher should not stand in front of the windows when requiring the attention of the pupils for any length of time. Looking at the board at a slanting angle is a severe eye muscle strain. The windows should not be filled with plants which, though decorative, are also light-absorbing.

The charts most commonly used for testing vision are Snellin's Letter Chart, and the Symbol E. Chart, the latter being used for pre-school, kindergartners, and children of less ability, and in one-roomed schools where there is no place but the classroom for examining. In testing for distance, a range of twenty feet or six meters is selected. If meters are used, a metric tape will be needed to measure the distance. The distance of twenty feet is selected since the rays of light from this distance are practically parallel. This distance, because of the universal use of these charts, has become standardized.

Charts must be kept clean, and if framed may be more easily handled and protected. To cover a chart with glass defeats its purpose as there is a decided glare caused by the reflection on the glass. It is preferable to use the stiff card as the linen chart that can be rolled does not lie flat on the wall. An adjustable light should be placed at the side on the wall, or a gooseneck light so placed that the light will fall on the centre of the chart. A 60 or 100 watt daylight blue lamp or a 50 watt clear

lamp should be used. The floor should be measured off with a tape measure at intervals of two feet for twenty feet. The child's eyes should be exactly twenty feet from the chart, whether the child is sitting or standing. A plan whereby the chart can be raised or lowered to suit the height of the child being tested should be arranged. This may be done by means of a cord and pulley, or a stand that may be made by anyone handy with tools.

With very young children, eye testing must take the form of a game with the E representing an animal, such as a dog or cat, turning this way and that. The child should not be aware that the eyes are being tested. A group of little ones should be taken together and shown the E in its different angles, and pointing with the arm and hand to indicate the direction of the feet, gradually moving them back to the twenty foot line. At this point the children should be tested individually. A small cardboard should be used to cover the eye, one for each child, being sure that the eye covered is open, and that the card is following the line of the nose. Note the position of the head, the posture, and the facial expression, as these complete the picture of vision testing and give us a clue to the conditions existing. Note should also be made of granulation or of anything peculiar about the appearance and shape of the eyes.

If the vision is defective, make inquiry regarding medicine having been administered, as Pinex, Buckley's Cough Mixture, santonin, quinine and even aspirin have all been known to materially effect the vision temporarily. Children with a severe head cold should not be tested when so afflicted. Children wearing glasses should be tested

with and without them, and the record should be of eyes tested with glasses, if only one record is made. Pupils repeating grades and those who are reported as careless and dull should be very carefully tested, as records show that many of these pupils are suffering from visual defect and that retardation has been attributed to other causes.

No child should be marked with a defect in vision unless tested at least twice, and no report should be sent home unless the eyes have been tested a second time within a short interval. Recording on A. D. P. Cards, under Code Number 1, the eyes should be recorded in the columns allotted to the right and left eye, the distance being the numerator, or the top, and the denominator, or lower half of the fraction, the number of feet at which the normal eye should read the letter.

A good way to interest both teacher and pupils is to have the teacher play the game with the little ones several times before the day for the complete physical examination is set. As the teacher usually has to assist the nurse with the little ones, she becomes familiar with all angles of vision testing and can note those who do not measure up to standard.

Talks should be given on the care and mechanism of the eyes, the danger of infecting the eyes by dirty and contaminated hands and family towels, of playing with sharp instruments and throwing sand or stones, at one another's faces, and of pointing loaded firearms and fire-crackers. The importance of proper lighting in the home should be stressed, and children of all ages, from the kindergarten to the highest grades, should be taught and encouraged to conserve the precious gift of unimpaired vision.

Notes from the National Office

Contributed by JEAN S. WILSON, Reg. N., Executive Secretary

National Affiliations:

In these columns it may be well to recount at intervals, the relationship of the Canadian Nurses Association to other nationally organized societies in Canada. There are two organizations with which the Association maintains affiliation: The National Council of Women of Canada, and The Canadian Council on Child and Family Welfare.

The older of these two Councils is the National Council of Women of Canada, which from May 29 to June 2, 1933, held its fortieth annual meeting in Calgary. Two members of the Alberta Association of Registered Nurses attended as official delegates of the C.N.A.: Miss Eleanor McPhedran, Superintendent of Nursing, Central Alberta Sanatorium, and member of the Senate of the University of Alberta, and Miss S. Macdonald, Superintendent of Nurses, Calgary General Hospital.

Following each biennial meeting of the C.N.A. one representative is appointed to each of six standing committees of the National Council of Women. The members acting for the period 1932-1934 are: *Public Health*: Miss Margaret L. Moag, Montreal; *Child Welfare*: Miss Esther Beith, Montreal; *Housing and Town Planning*: Miss Elizabeth Russel, Winnipeg; *Laws Concerning Women and Children*: Miss Christine Davidson, Calgary; *League of Nations*: Miss Gertrude Bennett, Ottawa; *Mental Hygiene*: Miss I. Kilburn, Toronto. The president of the C.N.A., by virtue of that office, is a member of the Executive Committee of the Council which has general charge of the affairs of the organization, and

meets at least twice in each year. An annual report from the C.N.A. is prepared for the Council and is published in its Year Book. C.N.A. members can keep themselves informed of the Council's progress by taking an interest in the activities of their respective local councils of which, according to the 1932 Year Book, there are over fifty.

The second Council with which the Canadian Nurses Association is affiliated is the Canadian Council of Child and Family Welfare, and as the official representative of the Canadian Nurses Association, Miss Dorothy Percy, Chairman of District No. 8, Registered Nurses Association of Ontario, attended its thirteenth annual meeting on May 3 in Ottawa. This council also convened a conference in Ottawa during May for the purpose of discussing problems in the social administration of unemployment relief, direct relief and other welfare services. The C.N.A. was invited to send three delegates, and Miss Gertrude Bennett, Second Vice-President; Miss Margaret Moag, Chairman, Public Health Section, and Miss Gertrude Garvin attended the conference in this capacity.

From statistical records found in the *Survey* and from information obtained from the Provincial Association relative to unemployment among nurses and alleviation measures, there was compiled at the National Office a memorandum for these representatives. They were also supplied with copies of all resolutions adopted at the General Meeting of 1932, relating to economic conditions among nurses in Canada.

A third national body to which the C.N.A. appoints a delegate is

the Central Council of the Victorian Order of Nurses in Canada. It was in 1930 that this courtesy was first extended to the C.N.A., when the president was designated as the official representative. At the same time, similar invitations to the Provincial Associations were made by the V.O.N. through the C.N.A. The annual meeting of the Central Board of the Victorian Order of Nurses in Canada was held in Ottawa, from May 9 to 12. As the president, Miss Emory, was unable to be present, the second vice-president, Miss Gertrude Bennett, of Ottawa, acted as deputy.

The C.N.A. gladly accepts its place in relation to other nationally organized societies but, in doing so, the association must necessarily make heavy demands on those members who act as representatives. The membership at large is indebted to those members who voluntarily and graciously accept these arduous tasks.

The part the National Office takes in connection with these national relationships may be briefly stated: The major portion of correspondence is handled at headquarters, annual reports are prepared and requests for information are attended to as received. It is estimated that at least a total of one week's time is required annually to deal with the work arising from these national affiliations.

Highlights in the Provinces:

Interim reports from the provincial associations for the C.N.A. presented at the Executive Committee meeting in June reveal gratifying achievement in the varied activities of each provincial group.

In *Alberta* the response to the membership campaign is favourable, as is the number of nurses applying for registration following the passing of the Registered Nurses Examinations in April. The A.A.R.N. has sent an invitation to the C.N.A. to hold the General Meeting, 1936, at one of Alberta's mountain resorts.

In *British Columbia* the six months' experiment in hourly nursing, directed by the Victorian Order of Nurses, is to receive financial support from the Graduate Nurses Association of British Columbia should there be a deficit; an enquiry has been sent to the secretaries of Provincial Associations asking if opportunity or arrangement can be made for the interchange, or exchange of nurses in all branches of the profession.

In *Manitoba* the questionnaires based on certain findings in the *Survey*, prepared by the Chairman of the Provincial Joint Study Committee, have been completed by the three sections; a summary of replies is to be made. The Interchange of Nurses Scheme for the members of the M.A.R.N. became operative on April 1st.

In *New Brunswick* the executive council for the Provincial Association has made several recommendations to the board of examiners relative to regulations controlling failures and supplementary examinations. The Private Duty Section undertakes to learn the opinion of private duty nurses in regard to a possible lowering of fees. The matter is to be brought up at the annual meeting to be held on September 12 and 13, in St. Stephen.

News Notes

News items intended for publication in the ensuing issue must reach the Journal not later than the eighth of the preceding month. In order to ensure accuracy all contributions should be typewritten and double-spaced.

ALBERTA

CALGARY: The quarterly business meeting of the Calgary Association of Graduate Nurses was held on June 20, the president, Miss Gilbert, occupying the chair. The Honorary President, Dr. H. A. Gibson, gave an interesting talk on the value of the Association to nurses in general, emphasizing the importance of unity in meeting the various problems that arise in upholding the ideals of the profession. He spoke of the value of the Association as affording an opportunity for the exchange of ideas, for friendly intercourse with others who have the same aims and trials and for mutual help obtained by talking over one's mistakes and successes. Such a combination of experience will help to give direction to the new forces which are manifesting themselves along educational lines in the nursing field, and will help the growth of plans for a State nursing service which is slowly but surely coming. The nation's health is the nation's wealth and it is inevitable that the Government must eventually assume responsibility along these lines and the nursing profession should be ready to fall in line.

It was decided to hold a basket picnic in July for the nurses and their friends and, later in the summer, a sale of work and a garden party. Two of our members, Miss H. Watson and Miss M. Cooper left Calgary on July 2 en route for the Congress at Paris. Miss D. Mott has gone to Vancouver for the month of July.

EDMONTON: The Edmonton Graduate Nurses Association has organized an hourly nursing service in connection with the nurses registry, in order to meet prevalent conditions and to render a fuller service to the community. Miss Katherine Brighty, Provincial Superintendent of Public Health Nurses, sailed on the Empress of Britain on July 1 for England and the Continent. She will represent Alberta at the International Congress of Nurses.

MANITOBA

WINNIPEG: The regular business meeting of the M.A.R.N. was held on June 9 in the Legislative Buildings. The committee on the interchange of nurses reported progress and several new applications are on file. A prize is being offered to the nurses taking the post-graduate courses provided under this scheme for the best essay on the work they are doing. The prize-winning essay is to be offered to *The Canadian Nurse* for publication.

WINNIPEG: Miss Olga Wicks (W.G.H. 1928) and Miss Eleanor Thompson (W.G.H. 1928), have left for England to take up post-graduate work.

MARRIED: On June 3, 1933, at Carrol, Manitoba, Miss Helen Turner (W.G.H. 1928), to Mr. Victor Johnson, of Winnipeg.

WINNIPEG: The School of Nursing of the Children's Hospital held its graduation exercises on June 5, in St. Stephens United Church. Sixteen nurses received the diplomas and pins of the school. Mrs. P. C. Shepherd, President of the Hospital Board, was in the chair and gave a short address of welcome to the guests. Dr. Stewart McInnes, President of the Medical Staff, gave an address on the growth of the nursing profession. Rev. W. A. Clarke gave an address to the graduating class on the *Uniqueness of the Nursing Profession*. Mrs. E. C. Harte presented the special prizes. Miss Winona Lightcap and Mr. Norman Douglas gave the musical programme. The Alumnae Association entertained on May 23 at dinner in honour of the graduating class. Miss M. B. Allan, Hon. President of the Alumnae Association and Superintendent of Nurses, Mrs. J. H. R. Bond, founder of the Hospital, together with twenty-five guests and members of the association were present. Artists who contributed to the programme were Mrs. MacDougal and Mrs. Scarth.

NEW BRUNSWICK

SAINT JOHN: An address, "Glimpses of public health work in Europe," given by Miss Elizabeth Smellie, under the auspices of the Local Chapter of Registered Nurses, was greatly enjoyed.

On June 7 the Saint John General Hospital Alumnae Association entertained the graduating class of 1933 at a dinner dance and bridge, in the Admiral Beatty Hotel.

Among the delegates to the Congress at Paris are: Miss Maude Retallick, Miss Ada Burns, Miss Jane Patchell and Mrs. Duncan Smith of Saint John.

MARRIED: At Dalesville, Que., Miss Gladys W. Draper (S.J.G.H. 1925), to Mr. John Titman.

SAINT JOHN: Speakers from the Maritime Provinces took part on June 20 in a symposium on public health nursing at the meeting of that section of the Canadian Public Health Association. Miss H. Dykeman, director of public health nursing for New Brunswick, presided. All emphasized the

necessity of supervision. "The rural nurse is so often the sole authority on health of the locale that it is important that she is well trained", remarked Miss Dykeman. "She must understand country people and country ways; her understanding of their psychology must also be assimilated and she must grow by sharing their responsibilities. To rural nurses, the supervisor is as necessary as the tiller to a sail boat". Miss Winifred Dawson, Maritime supervisor for the Victorian Order of Nurses, said that the value of supervision was receiving increased recognition by groups engaged in a variety of occupations. The high degree of efficiency attained in the municipal department of health at Halifax was due largely to a minute system of supervision, said Miss Marion Haliburton, child welfare nurse of that city. In a nursing body of any size there must be uniformity of procedure, with a personal touch here and there. The offices of a city health department were a clearing house for trouble and complaint calls. The aim of all supervision, as given by Miss Irma Reeves, of the Visiting Nurses Association of New Haven, Conn., is to provide for the efficient functioning of each branch of the service, and to carry on education of the staff so they may better serve the health needs of their community and be alert to recognize or evolve improved methods.

ST. STEPHEN: The regular meeting of the local chapter of the New Brunswick Association of Registered Nurses, held at the home of Miss Mabel McMullen, was well attended.

ST. STEPHEN: The graduating exercises of the class of 1933 of the School of Nursing of the Chipman Memorial Hospital were held June 16, when nine nurses received their diplomas and pins. Lieut.-Colonel W. H. Laughlin, M.D., presided in his usual genial manner. An exceptionally practical address to the graduating class, given by Dr. E. O. Thomas, contained much food for thought. Miss Della Greene was winner of the prize for the highest average in the senior class, as well as of a special prize for having led her class for three years in succession. Later in the evening a reception and dance, in honour of the new graduates, was given by the Alumnae Association.

MARRIED: On June 22, 1933, Miss Roberta N. Dowling (C.M.H. 1929), to Mr. Harold Irving.

MARRIED: On June 1, 1933, Miss Edna Walters (C.M.H. 1932), to Mr. Robert Mallory.

NOVA SCOTIA

HALIFAX: The Institute carried on in Halifax, under the auspices of the Registered Nurses Association of Nova Scotia from June 12 to 17, on Administration and Teaching in Schools of Nursing, proved most stimulating and helpful to all who were privileged to attend. Miss Johns conducted the morning sessions, which were devoted to discussion of

problems of teaching and administration in Schools of Nursing. The afternoon sessions included lectures on mental hygiene by Dr. E. Brison, Provincial Psychiatrist, and on public health by Dr. H. G. Grant, Dean of the Medical School of Dalhousie University. Dr. H. B. Atlee gave a most stimulating address on social and economic aspects of nursing at an open meeting held in the evening. In the group attending were hospital administrators and staff nurses, private duty and public health nurses. All were most enthusiastic regarding the help and stimulus received. The Institute was brought to a close by a banquet at the Nova Scotian Hotel. This was attended by a large number of nurses from all parts of the Province. Miss Ethel Johns, Miss Agnes Baird, Secretary of the Child Hygiene Division of the Canadian Council of Child and Family Welfare, Dr. Brison, Provincial Psychiatrist, and Miss Pemberton, one of the organizers of the Graduate Nurses Association of Nova Scotia, but now residing in Ottawa, were guests of honour. Miss Johns was the chief speaker and told of her work in France, Belgium and Hungary. At the close of her address she was presented with an amethyst pin and a basket of flowers by Miss Catherine Graham who, on behalf of the nurses, thanked her for the exceedingly helpful series of lectures. Miss A. Baird spoke briefly but in a most interesting manner on her work in China. At the close of her address she was presented with a basket of flowers, as were also Dr. Brison and Miss Pemberton.

ONTARIO

DISTRICTS 2 and 3.

BRANTFORD: A conference on classes in home nursing, sponsored by the Ontario Division and the Brantford Branch of the Canadian Red Cross Society took place on June 16 at the Golf and Country Club. Invitations were issued to the conveners of home nursing committees and instructors throughout Western Ontario, and the conference took the form of a supper served at tables decorated with peonies and larkspur. The guests were received by Miss Marion Henderson, organizer of Red Cross Home Nursing Classes for Ontario, and Miss E. M. McKee, convener, Red Cross Home Nursing Committee, Brantford Branch. Mr. R. E. Gunther, president, Brantford Branch, extended an address of welcome to the group. A roll-call revealed the following representation: Brantford, Peterborough, Preston, Hamilton, Kitchener, Niagara Falls. The guest speaker was Miss Nora Nagle, Assistant Director, School of Nursing, University of Toronto. Her address, *Principles of teaching*, contained many practical suggestions which could be well applied in the work of the home nursing instructor. A very enthusiastic round table discussion on general problems of the work followed the address and a generous exchange of ideas and helpful suggestions made the meeting very worthwhile.

BRANTFORD: Miss Dora Arnold, a member of the nursing staff of the Brantford General Hospital, and Miss Mary Meggitt, private duty nurse, are attending the International Congress of Nurses, in Paris and Brussels. They sailed on July 1 on the Empress of Britain. Miss Clara Biffin is interning at the Toronto General Hospital, for six months. Miss Eleanor Marshall is interning at the Toronto Hospital for Consumptives, Weston, prior to enrolling in the post-graduate course for nurse instructors given at the School of Nursing, University of Toronto. Miss Jean Herman leaves Brantford on September 1 to spend a year in post-graduate study of psychiatric nursing at the Ontario Hospital, Whitby. An article entitled *Home Nursing Instruction, A Red Cross Contribution to Citizens and State*, by Miss E. M. McKee, Superintendent, Brantford General Hospital, and convener of the home nursing committee, Canadian Red Cross, Brantford Branch, appears in the June issue of the Red Cross Bulletin, Ontario Division Magazine.

GODERICH: The summer meeting of Districts 2 and 3 of the Registered Nurses Association of Ontario, was held on June 21 at Goderich. The programme included a civic welcome, extended by Mayor Lee, and greetings from the Huron County Medical Society, and the medical staff of the hospital, by Dr. W. W. Martin. Dr. W. G. Gallow spoke on *Pulse, temperature and respiration*, and in relation to each other, and Miss Helen Murison, dietitian, Brantford General Hospital, gave a paper entitled *The value of natural vitamins in the diet of children*. Reports of standing and special committees were presented. Miss Marjory Buck, president of the Registered Nurses Association of Ontario, spoke briefly on the membership campaign. All sections of the district were well represented, there being a total registration of seventy-five nurses. The fall meeting will be held in Brantford in October.

GUELPH: The graduating exercises of the Guelph General Hospital School for Nurses were held on May 12, 1933, when fourteen students received their pins and diplomas. The Hon. W. Martin, Minister of Public Health for Ontario, was the guest speaker. A reception was afterwards held when Miss A. Campbell, superintendent of Guelph General Hospital, Mrs. R. B. Robson and Mrs. W. J. R. Fowler received the guests. The prize winners were: *for general proficiency:* Miss Isobel Green; *for highest standing:* Miss L. Sinclair; *for operating-room technique:* Miss M. McIntosh; *for obstetrical nursing:* Miss Brydon.

Miss Pringle has returned to Guelph after taking a one-year course in Public Health at London. Several nurses motored to Goderich to attend the June meeting of Districts 2 and 3 of the Registered Nurses Association of Ontario.

GUELPH: The graduating exercises of the Homewood Sanitarium were held on the lawn of the institution, on May 30, with the Rev.

Mr. Clydsdale as guest speaker. A reception was held afterwards and a dance was given in the evening.

GUELPH: The graduating exercises of the St. Joseph's Hospital School for Nurses was held in the Knights of Columbus Hall, on June 8, Rev. Father O'Reilly, of the Guelph parish, was the speaker. A reception was held afterwards and a dance given in the evening.

STRATFORD: The graduating exercises of the Stratford General Hospital School for Nurses were held June 14 at Lakeside Park. The address to the class was delivered by F. G. Sanderson, M.P. The prizes were awarded as follows: *The Mayor's medal for general proficiency:* Mrs. Kathleen Snider; *General proficiency in bedside nursing:* Miss Doris Cameron; *Highest marks in general medicine:* Miss Marie Thomas; *Highest marks in theory:* Mrs. Kathleen Snider; *Second highest marks in theory:* Miss Mildred Scott; *Highest marks in Paediatrics:* Miss M. Scott; *Highest marks in obstetrics:* Mrs. K. Snider. Nine students graduated, including: Miss Doris Cameron, Miss Ruth Danard, Miss Inez Newbigging, Miss Dorothy Rohfritsch, Miss Mildred Scott, Mrs. Kathleen Snider, Miss Shirley Stoll, Miss Emily Thompson, Miss Marie Thomas and Miss Edna Weicker. The diplomas and medals were presented by Miss E. M. McKee, superintendent of the General Hospital, Brantford. The Alumnae Association also entertained at a dinner bridge at Chicopee, in honour of the class. Covers were laid for thirty-three persons and appropriate favours marked the honour guests' places.

Miss Zeta Hamilton, superintendent of the Stratford General Hospital, and Miss F. Kudoba, obstetrical supervisor, sailed aboard the Duchess of Bedford, for a six weeks' trip to Great Britain and the Continent.

Members of the Alumnae Association assisted at the Rotary Crippled Children's Clinic, which was largely attended.

WOODSTOCK: The graduating exercises of the School of Nursing of the Woodstock General Hospital were held on June 7 in Chalmer's United Church, which was effectively decorated with a profusion of flowers. Seated on the platform with Mr. E. W. Nesbitt, president of the Hospital Board, were the Rev. V. T. Mooney, who gave the invocation, Hon. D. M. Sutherland, Miss F. E. Sharpe of Toronto, a former superintendent of Woodstock Hospital, Mrs. J. R. Shaw, president of the Ladies Auxiliary, Mayor Hill of the City of Woodstock, Warden J. F. McDonald, and Miss Helen Potts, the superintendent of the hospital. The guest speaker was Dr. F. W. Routley. Miss Kathleen Start won the Dunlop scholarship for general proficiency and also the prize for the highest average in theory and practice in obstetrics awarded by Dr. J. M. Stevens. The award for highest average in theory was won by Miss Olive Jefferson, and for practical work by Miss Phyllis McDonald. Following the exercises a reception was held at the Nurses Residence, Miss H. Potts receiving with the new

graduates. Following the exercises, the Alumnae Association entertained the graduating class at dinner. The tables were decorated in the school colours, and about sixty guests were present. Miss Gladys Jefferson acted as toast mistress and those proposing toasts and replying were: Miss Hobbs, Miss Frances Sharpe, Miss Weston, Miss Helen Potts, Miss Slaght, Miss Marie Kenney and Miss Costello. After the dinner, the graduating class were guests at a theatre party. The graduating class were also the guests of two local Chapters of the I.O.D.E. at a dance held on June 8 in the Assembly Hall of the Ontario Hospital.

The annual meeting of the Alumnae Association of the School of Nursing of the Woodstock General Hospital, was held June 5 and officers for the year were elected as follows: First Hon. President, Miss Frances Sharpe; Second Hon. President, Miss Helen Potts, superintendent; President Miss Mabel Costello; Vice-President, Miss Anna Cook; Recording Secretary, Miss Lila Jackson; Assistant Secretary, Miss Jean Kelly; Treasurer, Miss Maude Slaght; *Press representative*, Miss Doris Craig; *Convener Programme Committee*, Miss Ella Eby; *Flower and Gift Committee*, Miss E. Watson; *Social Committee*, Mrs. McDiarmid, Mrs. P. Johnson, Miss Hastings. The meeting closed with a social half hour.

DISTRICT 4

HAMILTON: Prior to the graduating exercises of the School of Nursing of St. Joseph's Hospital, the members of the Alumnae Association tendered a dinner in honour of the 1933 graduating class. Many were present from out of town and were welcomed by the president, Miss Eva Moran. The committee who assisted in receiving the guests were Misses M. Kelly, M. MacIntosh, M. Hayes, and E. Melody. The toast to his Holiness the Pope was proposed by Miss Eva Moran, responded to by Miss Mariette Rosenblatt; to the King by Miss A. Melody, response by Miss H. McMannamy; to our Alma Mater, proposed by Mrs. J. Poole, response by Miss M. MacIntosh; to the graduating class, proposed by the president, and response by Miss B. McKenna. Miss A. Farrell then thanked the members of the Alumnae Association, on behalf of the class. Dr. Florence Smith briefly addressed the gathering. The graduation exercises took place on June 7 when Dr. W. P. Downes, chairman of the staff, presided and welcomed the guests. He congratulated the Superior on the excellent work done at the hospital, and on behalf of the medical staff thanked the sisters for their kind co-operation. He urged that an effort be made to alleviate present unemployment conditions by an eight-hour day, a five-day week, and an equal distribution of the work among qualified nurses. Most Rev. J. T. McNally, D.D., delivered an eloquent address and Dr. B. T. McGhie and Dr. H. Sullivan also offered congratulations to the graduates. Mayor Peebles paid tribute to the efficiency

of the St. Joseph's Hospital, and the Rev. J. S. McGowell pointed out that graduation was really a commencement. The presentation of diplomas and pins was made by Bishop McNally. The prize winners are as follows: *for highest standing in theory* (given by Dr. J. R. Parry), Mary J. Sinnott; *for general proficiency* (given by Dr. W. P. Downes), Alice E. Bishop; *for efficiency in bedside nursing* (given by Dr. Woodhall), Dorothy Copp; *for medical nursing and examination* (given by Dr. L. L. Playfair), Muriel Brown; *for gynecological nursing and examination* (given by Dr. W. Jamieson), Pauline Wilton; *for obstetrical nursing and examination* (given by Dr. L. A. Richmond), Gladys M. Yaeger; *for preventive medicine* (given by Dr. A. C. Martin), Mary A. Swindinski.

DISTRICT 5.

TORONTO GENERAL HOSPITAL: Miss Helen Jackson (T.G.H. 1928), has left to spend a year at the American Hospital, Paris. Miss Marjorie Bernie (T.G.H. 1931), has left on a Mediterranean cruise. Miss E. Forgie (T.G.H. 1920), Margaret Turnbull (T.G.H. 1920), Maud Fry (1922), Jean Dent (1922), Elma Eugen (1928), Isabel Fairfield (1928), Mary Shaffner (1922), Edna McKinnon (1922), Sadie Williams (1926), Evelyn Thompson (1926), Janet McMillan (1930), Eleanor Griffiths (1933), have all gone abroad and will attend the I.C.N. Congress. Miss Dorothy McNeil (1929), has left on a trip to China to visit Miss Georgina Menzies and Miss A. Doyle.

MARRIED: On June 9, 1933, at Hart House Chapel, Toronto, Miss Kathleen Bryant (T.G.H. 1930), to Dr. R. Laird. Dr. and Mrs. Laird will spend a year in England.

MARRIED: In May, 1933, at Toronto, Miss Irah Hendron (T.G.H. 1929), to Mr. Brand.

MARRIED: On June 28, 1933, at Knox College Chapel, Miss Katherine Howie (T.G.H. 1931), to Dr. J. Anderson, of Saskatoon.

MARRIED: In June, 1933, Miss Jean McGregor (T.G.H. 1929), to Mr. R. Fiske, of Boston.

MARRIED: On June 10, 1933, at Gananoque, Miss Eugenia Wright (T.G.H. 1931), to Mr. Gilbert.

MARRIED: On June 29, 1933, at Barrie, Miss Dorothy Otton (T.G.H. 1923), to Dr. Francis, of New York.

MARRIED: On June 17, 1933, at Toronto, Miss Helen Russell (T.G.H. 1930), to Mr. D. Parker, of Kapuskasing.

TORONTO: The graduating exercises of the Grant Macdonald Training School for Nurses were held in the Parkdale United Church, on June 6, when a class of ten received their diplomas, pins and prizes. Following the exercises a reception and dance was held in the Nurses' Residence.

DISTRICT 6.

BELLEVILLE: Chapter 4 of District 6, R.N.-A.O. held their annual meeting on June 9 in

the Nurses' Residence of the Belleville General Hospital. After the completion of business, Dr. Guthridge gave a very interesting talk on the care of patients' teeth. Luncheon was served by Miss Jewel Thompson and Miss Helen Fitzgerald. The Alumnae Association of the Belleville General Hospital extended an invitation to Chapter 4 to join them on a picnic in the near future. Chapter 4 is to be congratulated on being up-to-date with its Nurse Education Fund. The officers elected were: President, Miss Florence Fitzgerald; Vice-President, Miss Bessie Allan; Secretary-Treasurer, Miss Jewel Thompson; *Nurse Education Fund*, Miss Ruby Windsor; *Membership*, Miss Bess Dolan; *Nurse Education*, Miss Florence McIndoo; *Public Health*, Miss Findlay; *Private Duty*, Miss DeLong; Corresponding Secretary to *The Canadian Nurse*, Miss Marion MacFarlane.

MARRIED: At Hampton, Ontario, on April 11, 1933, Miss Blanche Cryderman (B.G.H. 1931), Night Supervisor, B.G.H., to Mr. Ernest Bush, of Frankford.

DISTRICT 7.

KINGSTON: The quarterly meeting of District 7 of the Registered Nurses Association of Ontario, was held at the Hotel Dieu Hospital, Kingston, on June 28, with Miss Louise Acton of the Kingston General Hospital presiding. The minutes of the last meeting and the financial report were given by Miss O. Wilson, and Miss B. Howes gave a report of the Provincial R.N.A.O. convention. The speaker for the afternoon was Miss Johns, editor of *The Canadian Nurse*, Montreal. Miss Johns stressed the importance of every nurse subscribing for the national magazine and asked for the district's co-operation. Following the meeting the members adjourned to the reception room of the nurses' home where the Mother Superior and the Alumnae Association of the Hotel Dieu Hospital served refreshments.

KINGSTON: On June 21, the Alumnae Association of the Kingston General Hospital motored to St. Lawrence Beach, Gananoque, where a picnic was held. About sixty members were present and spent a most enjoyable afternoon.

KINGSTON GENERAL HOSPITAL: Miss Florence Latimer (K.G.H. 1930), and Miss Marjorie Delong (K.G.H. 1931), have recently joined the staff of the Ontario Government Hospital, Kingston. Miss Hattie Cameron (K.G.H. 1928), is taking a post-graduate course in X-Ray and radiology at the Kingston General Hospital. Miss Marion McTear (K.G.H. 1930), has resigned from the staff of the Kingston General Hospital, and after spending the summer at Cedar Nook Camp, Bath, as camp nurse, intends taking a public health course in Toronto. Miss Louise Acton, instructor of nurses, Kingston General Hospital, spent two weeks in Toronto where she assisted in marking the Ontario Registered Nurses examination papers. Miss Jane Dodds (K.G.H. 1931), recently joined the nursing

staff of the Kingston General Hospital. Miss Manette Bimm (K.G.H. 1929), of the Department of Education of Ontario, is attending Summer School at Queen's University. Miss Betty Wurtele (K.G.H. 1930), is relieving Miss Norma Stuart (K.G.H. 1930), as nurse in charge of the Kingston Infants' Home, while the latter is holidaying at her home at Eganville.

MARRIED: On June 3, 1933, at Kingston, at the home of the bride, Miss Ruth Nash (K.G.H. 1926), to Mr. H. Moore, of Toronto.

KINGSTON: On July 4, the Overseas Nurses Club of the Kingston district held a very enjoyable picnic at the summer home of Nursing Sister Marguerite Patterson on Varty Lake near Moscow. Swimming (*no mixed bathing—Le Treport Nursing Sisters please note*), fishing, a motor boat ride, supper under the trees and a perfect moonlight night for the homeward drive made the event a very happy one.

BROCKVILLE: Miss Hamilton, Brockville General Hospital, sailed in June to spend some time in Ireland. Miss Dickson, graduate of the Royal Victoria Hospital, Montreal, has been appointed instructor of nurses in the Brockville General Hospital.

PRINCE EDWARD ISLAND

PRINCE EDWARD ISLAND: The annual meeting and dinner of the Graduate Nurses Association of Prince Edward Island were held on June 14 at the Canadian National Hotel, with a large attendance. Miss Lillian Pidgeon, the president, presided. Satisfactory reports were received from the president and the secretary and were, on motion, adopted. The following officers were elected for the coming year: President, Miss Lillian Pidgeon, Summerside; Vice-President, Miss May King, Charlottetown; Secretary, Miss Margaret Campbell, Charlottetown; Treasurer and Registrar, Miss Edna Green, Charlottetown. Miss Gamble was elected convener of the private duty section. In the evening a dinner was held and was greatly enjoyed. Miss Agnes Baird of the Department of Child Welfare, Ottawa, addressed the nurses, dealing chiefly with child welfare work. A brief musical programme was much appreciated. A vocal solo was rendered by Miss Nora Murray, a piano solo by Miss Gaudet, and a vocal solo by Mrs. Neil MacLean.

QUEBEC

MONTREAL: The board of management of the A.R.N.P.Q. offered as usual two scholarships for post-graduate courses at McGill University, and Université de Montréal, but when the time came to assign them, there were so many desirable candidates that it was decided to award four scholarships as follows: Miss Evelyn M. Pibus, R.N., graduate of the Montreal General Hospital, who will take the course in public health nursing at the McGill School for Graduate Nurses; Miss Margaret Jean MacLaren, R.N., graduate of the Royal Victoria Hospital, who will take the course in teaching in schools of

nursing at the McGill School for Graduate Nurses; Mademoiselle Anita Lavoie, G.M.E., graduate of the Hôpital St. Francois d'Assise, Quebec City; Mademoiselle Ernestine Séguin, G.M.E., graduate of Hôpital Notre Dame, Montreal. The two French nurses will take the public health course at L'Ecole d'Hygiène Sociale appliquée at L'Université de Montréal. During the recent registration examinations 139 candidates, graduates of 21 schools wrote, but only 94 were successful. The pass mark in Quebec is 60% on all subjects. Candidates are permitted to write supplementary examinations in three subjects but must re-write the entire twelve if they fail in more than three.

Fifty-six members of the A.R.N.P.Q. have registered for the I.C.N. Congress, of these thirty are French and twenty-six are English speaking members. Four of the French group are religious Sisters, three of whom represent the School of Jeanne Mance, Hôtel-Dieu de St. Joseph, Montreal, and will visit Europe for the first time. Mrs. Howard Dixon, the wife of Dr. H. Dixon, of Medicine Hat (Beatrice Armitage, M.G.H. 1913), is also en route to the I.C.N. Congress, and is taking with her her charming daughter. Mrs. Helen Chalmers Sare (Helen Chalmers, M.G.H. 1905), is also going to the Congress, and has with her a young son and daughter whom she is escorting overseas for the first time. Their father was killed during the great war.

MONTREAL GENERAL HOSPITAL: The graduating exercises of the School for Nurses was held on the afternoon of June 14 in the residence. Fifty-two nurses received their medals and diplomas. The address to the graduating class was given by Dr. F. H. MacKay. Prizes presented by the Board of Management for general proficiency were awarded to Miss A. H. R. Lamb, Miss V. O. Scott and Miss H. H. King. The Mildred Hope Forbes prize for the highest aggregate marks during the entire three years was won by Miss A. H. R. Lamb and Miss H. W. Bradshaw. Miss Upton, president of the Alumnae Association, gave a brief address, and on behalf of the association, presented to the class pink and

white roses and a substantial cheque as a contribution toward the graduation dance. This presentation was made in place of giving the usual formal dinner party.

Miss M. Batson, Miss J. A. Murphy, Miss C. Barrett and Miss B. Herman, were guests of Miss Holt and her staff at an informal dinner party a few days before their departure for the I.C.N. Congress. Other M.G.H. nurses attending the Congress are Mrs. Helen Chalmers Sare, Misses Martha Armstrong, M. Lewis Brown, Mildred L. Buchanan, Winifred Cooke, Helen N. Stewart, Ruth C. Phillips and Dorothy Holtby.

Miss L. Shepherd, nurse in charge of the pediatric ward at the M.G.H. left on July 1, to take two months' post-graduate work in the Children's Hospital, Boston. Miss Marion Copland (M.G.H. 1932), left on July 1 to take several months' post-graduate work in the Sick Children's Hospital in Toronto.

MONTREAL: At a colorful ceremony held on June 17, the foundation stone of a new addition to St. Mary's Hospital, Montreal, which is to accommodate two hundred patients, was declared to be well and truly laid by the Governor-General of Canada. His Excellency, Monseigneur Gauthier, Archbishop of Montreal, pronounced the benediction and, in a brief address, spoke highly of the work of the Order of the Grey Nuns, under whose auspices the hospital is conducted.

MONTREAL: As a tribute to Miss Edith A. Draper, the first superintendent of Nurses of the Royal Victoria Hospital, it is proposed to present her portrait to the School of Nursing. Miss Draper rendered most valuable service to the hospital during that difficult period of organization which necessarily precedes the opening of any new institution. Her portrait will be hung in the Residence of the School of Nursing as a token of the loyalty and affection of the nurses who, from 1896 to 1897, were trained under her direction. Mrs. George Eedson Burns, 4191 Sherbrooke St., West (Telephone Fitzroy 1698), will be glad to hear from graduates of the School who are interested in this project.



OBITUARY

BUNTON—Recently at Percé, Gaspé, Emily Lenfesty, beloved wife of Mr. T. Bunton and a member of the Class of 1915 of the School of Nursing of Jeffrey Hale's Hospital, Quebec.

PASS—On June 8, 1933, at the Guelph General Hospital, after a long illness, Helen Pass, a member of the Class of 1931

of the School of Nursing of the Guelph General Hospital, Guelph, Ontario.

WETMORE—On May 25, 1933, after a long illness, Mary E. Wetmore, a member of the Class of 1917 of the School of Nursing of the Saint John General Hospital, Saint John, New Brunswick.

... OFF ... DUTY ...

We are oppressed . . . by the thought . . . that not enough people will read . . . the August issue of the Journal . . . which is a pity . . . because it is a good one . . . but the weather being what it is . . . and the sound of the lake water splashing on stones . . . not being conducive to intellectual activity . . . on the part of potential readers . . . there seems very little chance . . . of anything constructive . . . being done about it . . . nevertheless it occurs to us . . . to humbly suggest . . . that this issue be tucked safely away . . . for perusal when . . . the robins nest again . . . no, we have the seasons mixed . . . we mean when the geese fly south . . . and classes are in full swing . . . of course we are taking for granted . . . that someone is reading this . . . a naive assumption . . . on our part . . . based on a conversation we overheard . . . at a district meeting . . . between two young things . . . with white hats . . . very much on one side . . . as is the present amusing fashion . . . they were looking at sample copies . . . of the Journal . . . said one to the other . . . Jean, do you ever read this thing? . . . well, said Jean, I sometimes skim over Off Duty . . . so from now on . . . all our earnest thinking . . . is going to be done . . . under this caption . . . in the pious hope . . . that some of it may get under . . . the lee side . . . of those white hats . . . beneath which some active cerebration . . . is going on . . . of which fact . . . this same August number . . . gives ample proof . . . it might be well . . . for some of our mature minds . . . to find out what . . . this younger generation . . . is thinking about . . . anyway the August number . . . gives one an inkling . . . that it may be something . . . rather worthwhile . . . so do not put the Journal . . . to base uses . . . such as swatting flies . . . or wrapping up sandwiches . . . or playing with the dog . . . drop it behind . . . the hammock . . . and take it back to town . . . in the catch-all . . . with the bathing shoes . . . and the landing net . . . in any event . . . do not write and tell us . . . you have missed . . . the August number . . . and please will we send you . . . another copy . . . we won't . . . because we can't . . . we are practising rigid economy . . . and have none to spare . . . except for new subscribers . . . so there . . . why should we . . . sit in a hot office . . . at an untidy desk . . . and try to enlighten . . . people who are lolling about on beaches . . . or expect to loll about . . . a week from Saturday . . . we feel like this . . . because we saw . . . not long ago . . . just for a moment . . . some waves curling over . . . and breaking . . . on the stern and rockbound coast . . . of Nova Scotia . . . that was in a lucid interval . . . between lecture periods . . . it only lasted a moment . . . but it accounts . . . for the way we feel . . . about people who loll about . . . on beaches . . . and fail to keep . . . their August number . . . and then ask us . . . to supply another one . . . next October . . .



Official Directory

International Council of Nurses:

Secretary, Miss Christiane Reimann, 14 Quai des Eaux-Vives, Geneva, Switzerland.

CANADIAN NURSES' ASSOCIATION

Officers

Honorary President	Miss M. A. Snively, General Hospital, Toronto, Ont.
President	Miss F. H. M. Emory, University of Toronto, Toronto, Ont.
First Vice-President	Miss R. M. Simpson, Parliament Bldgs., Regina, Sask.
Second Vice-President	Miss G. M. Bennett, Ottawa Civic Hospital, Ottawa, Ont.
Honorary Secretary	Miss Nora Moore, City Hall, Room 309, Toronto, Ont.
Honorary Treasurer	Miss M. Murdoch, St. John General Hospital, Saint John, N.B.

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Numerals preceding names indicate office held viz: (1) President. Provincial Nurses Association; (2) Chairman Nursing Education Section; (3) Chairman, Public Health Section; (4) Chairman, Private Duty Section.

Alberta: (1) Miss F. Munroe, Royal Alexandra Hospital, Edmonton; (2) Miss J. Connal, General Hospital, Calgary; (3) Miss B. A. Emerson, 604 Civic Block, Edmonton; (4) Miss Phyllis Gilbert, 113 25th Ave. W., Calgary.

British Columbia: (1) Miss M. F. Gray, Dept. of Nursing, University of British Columbia, Vancouver; (3) Miss M. Duffield, 175 Broadway East, Vancouver; (4) Miss M. Mirfield, Beachcroft Nursing Home, Cook St., Victoria.

Manitoba: (1) Miss Jean Houston, Manitoba Sanatorium, Ninette; (2) Miss M. C. Macdonald, 668 Bannatyne Ave., Winnipeg; (3) Miss A. Laporte, St. Norbert; (4) Miss K. McCallum, 181 Enfield Crescent, Norwood.

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Nova Scotia: (1) Miss Anne Slattery, Box 173, Windsor, (2) Miss Elizabeth O. R. Browne, 612 Dennis Bldg., Halifax; (3) Miss A. Edith Fenton, Dalhousie Health Clinic, Morris St., Halifax; (4) Miss Jean S. Trivett, 71 Cobourg Road, Halifax.

Executive Secretary: Miss Jean S. Wilson, National Office, 1411 Crescent St., Montreal, P.Q.

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CHAIRMAN: Miss G. M. Fairley, Vancouver General Hospital, Vancouver; **VICE-CHAIRMAN:** Miss M. F. Gray, University of British Columbia, Vancouver; **SECRETARY:** Miss E. F. Upton, Suite 221, 1396 St. Catherine St. West, Montreal; **TREASURER:** Miss M. Blanche Anderson, Ottawa Civic Hospital, Ottawa.

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Ontario: (1) Miss Marjorie Buck, Norfolk Hospital, Simcoe; (2) Miss S. M. Jamieson, Peel Memorial Hospital, Brampton; (3) Mrs. Agnes Haygarth, 21 Sussex St., Toronto; (4) Miss Clara Brown, 23 Kendal Ave., Toronto.

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Quebec: (1) Miss C. V. Barrett, Royal Victoria Hospital, Montreal; (2) Miss Martha Batson, Montreal General Hospital, Montreal; (3) Miss Marion Nash, 1246 Bishop Street, Montreal; (4) Miss Sara Matheson, Apt. 24, 2151 Lincoln Ave., Montreal.

Saskatchewan: (1) Miss Elizabeth Smith, Normal School, Moose Jaw; (2) Miss G. M. Watson, City Hospital, Saskatoon; (3) Mrs. E. M. Feeny, Dept. of Public Health, Parliament Bldgs, Regina; (4) Miss M. R. Chisholm, 805 7th Ave. N., Saskatoon.

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NURSING EDUCATION: Miss G. M. Fairley, Vancouver General Hospital, Vancouver; **PUBLIC HEALTH:** Miss M. Moag, 1246 Bishop St., Montreal; **PRIVATE DUTY:** Miss Isabel MacIntosh, 281 Park St. S., Hamilton.

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Provincial Associations of Registered Nurses

ALBERTA

Alberta Association of Registered Nurses

President, Miss F. Munro, Royal Alexandra Hospital, Edmonton; First Vice-President, Mrs. de Satge, Holy Cross Hospital, Calgary; Second Vice-President, Miss S. Macdonald, General Hospital, Calgary; Secretary-Treasurer, Miss Kate S. Brighty, Administration Building, Edmonton; Nursing Education Section, Miss J. Connal, General Hospital, Calgary; Public Health Section, Miss B. A. Emerson, 604 Civic Block, Edmonton; Private Duty Section, Miss Phyllis Gilbert, 113 25th Ave. W., Calgary.

BRITISH COLUMBIA

Graduate Nurses' Association of British Columbia

President, M. F. Gray, 3629 W. 2nd Ave., Vancouver; First Vice-President, E. G. Breeze; Second Vice-President, G. Fairley; REGISTRAR, H. Randal, 516 Vancouver Block, Vancouver; Secretary, M. Kerr, 516 Vancouver Block, Vancouver; CONVENERS OF COMMITTEES: Public Health, M. Duffield, 175 Broadway E., Vancouver; Private Duty, M. Mirfield, 516 Vancouver Block, Vancouver; COUNCILLORS, M. P. Campbell, M. Dutton, L. McAllister, K. Sanderson.

MANITOBA

Manitoba Ass'n of Registered Nurses

President, Miss Jean Houston, Ninette, Man.; 1st Vice-President, Miss M. Reid, Nurses Home, W.G.H. Winnipeg; 2nd Vice-President, Miss Christine McLeod, General Hospital, Brandon; 3rd Vice-President, Sister Krause, St. Boniface Hospital Board Members: Misses M. Lang, K. W. Ellis, C. Taylor, I. McDiarmid, M. Meehan, E. Shirley, E. Carruthers, K. McLearn, Sister Superior, Misericordia Hospital; Sister St. Albert, St. Joseph's Hospital; Miss J. Purvis, Portage la Prairie, General Hospital. Conveners of Sections: Nursing Education Section, Miss M. C. Macdonald, Central T. B. Clinic, 668 Bannatyne Ave., Winnipeg; Public Health Section, Miss A. Laporte, St. Norbert, Man.; Private Duty Section, Miss K. McCallum, 181 Enfield Crescent, Norwood, Man. Conveners of Committees: Legislative Committee, Miss C. Taylor; Directory Committee, Miss E. Carruthers; Social and Programme, Miss C. Billyard; Sick Visiting, Mrs. J. R. Hall; Treasurer and Registrar: Mrs. Stella Gordon Kerr, 753 Wolseley Ave., Winnipeg.

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New Brunswick Association of Registered Nurses

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ONTARIO

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District No. 8 Registered Nurses Association of Ontario

Chairman: Miss D. M. Percy, Vice-Chairman: Miss M. B. Anderson; Secretary-Treasurer, Miss A. G. Tanner, Ottawa Civic Hospital; Councillors, Misses E. C. McIlraith, M. Graham, M. Slinn, A. Brady, M. Robertson, R. Pridmore; Conveners of Committees, Membership, Miss E. Rochon; Publications, Miss E. C. McIlraith; Nursing Education, Miss M. E. Acland; Private Duty, Miss J. L. Church; Public Health, Miss M. Robertson.

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Association of Registered Nurses of the Province of Quebec (Incorporated 1920)

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St-Denis, Montreal, Laura Senecal, Hopital Notre Dame, Misses Aita Sutcliffe, 4635 Queen Mary Road, Montreal, Marion Lindeburgh, School for Graduate Nurses, McGill University, Montreal, Olga V. Lilly, Royal Victoria Montreal Maternity Hospital, Montreal; Executive Secretary, Registrar and Official School Visitor: Miss E. Frances Upton, Suite 221, 1396 St. Catherine St. W., Montreal.

SASKATCHEWAN

Saskatchewan Registered Nurses Association (Incorporated March, 1927)

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Associations of Graduate Nurses

ALBERTA

Calgary Association of Graduate Nurses

Hon. President Dr. H. A. Gibson; President, Miss P. Gilbert; First Vice-President, Miss K. Lynn; Second Vice-President, Miss F. Shaw; Recording Secretary, Mrs. F. V. Kennedy; Corresponding Secretary, Miss K. Shore; Treasurer, Miss M. Watt; Convener Private Duty Section, Miss P. Gilbert; Registrar, Miss D. Mott, 2219 2nd St. W.

Edmonton Association of Graduate Nurses

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Medicine Hat Graduate Nurses Association

President, Miss M. Hagerman; First Vice-President, Miss Gilchrist; Second Vice-President, Miss J. Jorgenson; Secretary, Miss May Reid, Nurses' Home; Treasurer, Miss F. Ireland, 1st St.; Medicine Hat; Committee Conveners: New Membership, Mrs. C. Wright; Flower, Mrs. M. Tobin; Private Duty Section, Mrs. Chas. Pickering; Correspondent, "The Canadian Nurse", Miss F. Smith. Regular meeting first Tuesday in month.

BRITISH COLUMBIA

Nelson Graduate Nurses Association

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Vancouver Graduate Nurses Association

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ONTARIO

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QUEBEC

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Montreal Graduate Nurses' Association

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A.A., Vancouver General Hospital

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Published by the Canadian Nurses Association

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No. 9

THE INTERNATIONAL CONGRESS

FLORENCE H. M. EMORY, President, Canadian Nurses Association.

With the lapse of but a brief interval since the close of the International Congress of Nurses it is difficult to interpret, in true perspective, the outstanding features of the past two weeks. Just now we are impressed with the Congress as a truly *European* one. The registration exceeded twenty-five hundred (significant in a time of depression), the majority of whom belong to the European nursing group.

The distribution of countries was wide—forty-two in all—and with the addition of six new ones, Czechoslovakia, Esthonia, Austria, Hungary, Iceland and Japan (including Korea), the international family of nurses is now comprised of twenty-nine National Associations representing one hundred and eighty thousand nurses. The Board of Directors and the Grand Council, during some arduous days, have done a constructive thing in providing for the appointment of an executive secretary at the Secretariat in Geneva in addition to a full-time editor for the International Nursing Review. Growth in demands and duties at headquarters necessitates this.

The acceptance of the report of the Florence Nightingale Memorial

committee makes possible a Florence Nightingale Foundation, the nucleus of which will be the courses now given by the League of the Red Cross Societies at Bedford College in London. This Foundation will afford all affiliated countries an opportunity to contribute to an educational project in commemoration of the woman who revolutionized nursing.

The hospitality offered has been distinctively European. We were received with grace and simplicity by the President of France and by the Queen of the Belgians. The municipal authorities, too, in each country have bidden us welcome. Added to that has been an insight into home life, thus giving us some conception of the charm of the intimacies of European life. Made-moiselle Chaptal and Mademoiselle Hellemans ably represented the hostess countries and each, in her unique way, revealed the traditional charm of France and of Belgium. For many, the most inspiring occasion was a special service arranged for the delegates in Notre Dame Cathedral in Paris. In this magnificent structure, beauty and solemnity combined to give re-assurance that the soul of man still lives and that of supreme

significance in life are those spiritual forces, intangible but real, welding the hearts of men into one inseparable whole.

One morning, early, upwards of one hundred Canadians, from eight provinces, proved that one of the best features of the Congress was the getting together, at the breakfast table, of those who for a common purpose had crossed the seas to attend the sessions of the International Congress of Nurses. Nor has Canada failed to capture some of the honours bestowed at the Congress, for one evening, the retiring President, Mademoiselle Chaptal, presented certain members with medals conferred by the French Government, and among the recipients was a Canadian delegate, Miss Jean I. Gunn, the retiring second vice-president.

It has been decided to hold the next Congress in London. The presiding officer will be Miss Alicia Lloyd-Still, Matron of St. Thomas's Hospital, and successor of Florence Nightingale. May the International Council of Nurses live long to cement the ties of friendship between well-nigh thirty countries and to keep alive the best that is in nurses and in nursing.

The Grand Council at Work

Complete reports of much of the work of the Grand Council will later appear in the *Journal*. In the meantime the President of the Canadian Nurses Association has summarized her outstanding impressions as follows:

1. That the facility and grace of Mademoiselle Chaptal in presiding over the Sessions were remarkable.
2. That Miss Christiane Reimann, the secretary of the International Council of Nurses, has made a notable and enduring contribution to the organization.
3. That constructive work was done by the Grand Council in that provision was made for:

(a) The reorganization of International Nursing Headquarters at Geneva necessitated by the tremendous volume of work.

(b) The appointment of an advisory committee to which difficult matters may be referred and decisions facilitated in the intervals between the quadrennial meetings.

(c) The adoption of the Florence Nightingale memorial plan.

(d) The recognition of the principle that in spite of the inevitable irritation of hearing reports read three times, in different languages, it is a sound procedure to give consideration to them at the meetings of the Board of Directors and in the Grand Council before presenting them to the open session. This is advisable because of the difficulty in finding a common denominator for the differing points of view.



MISS JEAN I. GUNN

THE TRAVELLERS RETURN

For the nurses who live in Montreal it has been possible this summer to attend the International Congress vicariously. As successive groups passed through on their way overseas the thrill of departure could be shared as the boat train pulled out or the boat swung slowly into the current. Brief notes came from Paris and from Brussels while the Congress was actually in progress, which had all the vividness of first impressions. And now that the travellers are coming home, each with a different story to tell, one sees the Congress from many angles and through many eyes.

In due time the official reports of our delegates will be presented and there will be no attempt to anticipate them here. The first of several addresses delivered at the Congress appears in this issue of the *Journal* and others will follow, but by way of introduction it may be of interest to refer to some of the outstanding features of the Congress which seem to have impressed all who attended it.

An European Congress

First and foremost this was an European Congress. This perhaps came as a bit of a shock to nurses who had previously attended such gatherings in Anglo-Saxon countries only. The language, the social conventions, the public conveyances, even the food were different, perhaps *foreign*. That very fact gave a new and distinctive flavour even to routine proceedings. New colours came into the nursing web which were in sharp contrast to the familiar background of our national concept of nursing as we know it in Canada.

Outstanding Figures

The vivid and interesting personality of Mademoiselle Leonie Chaptal found full opportunity for the exercise of her intellectual and social gifts in her capacity as President of the International Council and Mademoiselle Helle-



Mlle CHAPTAL

President, International Council of Nurses, 1929-1933; President, National Association of Trained Nurses of France; Directress of the Rue Vercingetorix Private School for Nurses, Paris; Chairman, Committee on Arrangements for the Congress.

mans, President of the National Federation of Belgian Nurses, proved an admirable hostess in Brussels. Among the many leaders present one of the most outstanding and dynamic was Mrs. Bedford Fenwick, the Founder of the Council and its first President. On July 1, 1899, Mrs. Bedford Fenwick first proposed the establishment of an International Council at a meeting of the Matrons Council of Great Britain. It must have been a profound satisfaction to her when the Council approved the recommen-



MISS CHRISTIANE REIMANN
Executive Secretary, International Council of Nurses.

dations of the Conjoint Committee looking toward the establishment of a Florence Nightingale Foundation. In that action was the culmination of many years of toil and planning, on the part of the Founder* and of other pioneers in the nursing field.

Our Own Canadians

Canada had good reason to be proud of her representatives. The President of The Canadian Nurses Association, Miss Florence Emory, upheld the dignity of that office with distinction and charm. The retiring second vice-president of the International Council of Nurses, Miss Jean I. Gunn is acknowledged by all to have rendered exceptionally fine service in the deliberations of the Grand Council. Her clear and fearless mind goes straight to the mark and her sense of justice and kindly humour render her counsel invaluable. The honour bestowed upon her by the

French government is a source of pride and satisfaction to her colleagues and pupils in the School of Nursing of the Toronto General Hospital and to the members of the nursing profession in every part of Canada.

Favourable comments were made concerning the Canadian contributors to the programme: Miss Beatrice Ellis, Miss Marion Lindeburg, Miss Ruby Hamilton, Miss E. Bell Rogers, Miss Anna Wells and Rev. Sister Allard. The *Journal* hopes to have the privilege of publishing these excellent papers in future issues.

Canada and France

The Congress in 1933, as in 1929, had a special significance for Canada in that it brought into relief the French elements in Canadian life and thought. La Révérende Soeur Allard, Directrice of Nurses at l'Hôpital Hôtel Dieu in Montreal, was present at the Congress and contributed a careful study of nursing values. The Canadian Florence Nightingale, Jeanne Mance, was impersonated by Miss Isabel McIntosh, Reg. N., the official representative of the Private Duty Section of the Canadian Nurses Association. The beauty and dignity of her conception of the character is admirably demonstrated by the photograph taken in Le Jardin des Malades of the Hôtel Dieu itself. In an early issue more details will be given by Miss McIntosh herself concerning her European experiences.

The New President

As announced in the August number of *The Canadian Nurse*, the newly-elected President is Miss Alicia Lloyd Still, S.R.N., C.B.E., R.R.C., Matron of St. Thomas's Hospital, London. No other choice could have given more pleasure to British nurses everywhere than this. To quote the *Nursing Mirror*:

"In electing Miss Lloyd Still as their president the nurses of all countries have chosen a great lady and a wonderful nurse." Yes—and a woman of broad international sympathies. For more than three years it was the task of the writer to arrange for experience in English hospitals for foreign nurses who were the recipients of grants from the Rockefeller Foundation. As was but natural, some of these women found it hard to adjust themselves to a foreign environment. The patience, the sympathy, the wisdom and the humour of the Matron of St. Thomas's Hospital went far to interpret to many a homesick student of the English scene just what nursing means, at its best, in England. Furthermore, her tolerance is yet another qualification for her present high office. In a diary kept in those days, the writer noted this wise saying of

hers which it might be well for Anglo-Saxon nursing groups generally to take to heart: *No one country, no matter how good its nursing system, has any right to impose it on any other country. No country has as yet attained perfection.* Tolerance, sympathy, wisdom and humour—what are these but the attributes of that aristocratic tradition which is embodied in the new President of the International Council of Nurses? Its destinies are in safe hands at a critical period in nursing history.

In Lighter Vein

Conversations with returning delegates have afforded some amusing glimpses behind the scenes. Discretion forbids the exposure of these in cold print. Yet it may be in order to refer to the reception of the delegates by the President of France in the exquisite grounds of his official residence. The reception at l'Hôtel de Ville de Paris was another gala occasion, the memory of which will be an abiding pleasure. In Belgium, too, a truly Royal welcome was given by the King and Queen of the Belgians at Le Palais de Laeken, and the historic Town Hall in Brussels was the scene of a social function at which the famous Burgomaster Max himself was present.

Some of the Canadian delegates were also privileged to attend in London a garden party at Buckingham Palace and to see the King and the Queen among her Ladies, dressed in cream chiffon and carrying a parasol. Some looked in at Canada House. Others saw the Economic Conference in session. Many made journeys by air and still more went far afield in Europe after the Congress was over.

Rich and beautiful memories, which in a sense belong to us all



MRS. BEDFORD FENWICK
Founder, International Council of
Nurses.

since it is by virtue of our national and international relationships that such sources of pleasure and profit are open to us. The next Congress will be in London in 1937—within sound of Big Ben, beside the Thames, where modern nursing began.

The New Countries

The ceremony which marked the entrance of six new countries into the International Council seems to have been particularly impressive when nurses from Austria, Czechoslovakia, Estonia, Iceland, Japan (including Korea), and Hungary proudly took their places with their sisters from many na-

tions. Anyone at all familiar with nursing conditions in Central Europe will understand the difficulties these "new" countries have had to surmount in order to qualify for membership. The highest praise is due to the leaders, and to the rank and file, who through many weary years of misfortune and discouragement have held to their purpose and have at last attained their goal. Japan and Korea bring to the Council the richness and beauty of a very old eastern civilization. Of the International Council of Nurses it may well be said: *They shall bring the honour and the glory of the nations into it.*



MISS CLARA D. NOYES
First Vice-President, International
Council of Nurses.

INTERNATIONAL COURTESIES

A Gracious Custom

In accordance with the gracious custom, long established in the International Council of Nurses, each of the new countries was received into membership by a specially designated representative of a country already a member. Austria was welcomed by France, in the person of Mademoiselle Chaptal; Czechoslovakia by the United States of America, represented by Miss Elnora Thomson; Estonia by Denmark, represented by Mrs. Margrethe Koch; Hungary by Finland, represented by Miss Venny Snellman; Japan and Korea by Great Britain, represented by Miss Lloyd Still, and Iceland by Canada, represented by Miss Florence Emory.

To mark the occasion, Canada presented to Iceland a beautiful bouquet arranged in the form of the Icelandic flag and composed of red and white roses and blue cornflowers, the Icelandic national colours. It seemed natural that Canada should welcome Iceland. The men and women of that northern island have made a rich contribution to Canadian life especially in the Western provinces of the Dominion.

The President of the French Republic

The Board of the Directors of the International Council of Nurses had the supreme honour of being received by the President of the French Republic.

At the appointed hour, on the afternoon of July 6, the President entered the reception room of his official palace. Mademoiselle Chaptal read a brief address in explanation of the functions of the International Congress of Nurses and presented him with a medal in

memory of the event. The President and his wife shook hands with us individually; not in a perfunctory fashion, but with a charm and simplicity which persuaded us that this great man was happy to spend a few minutes with us. Nor did he leave us until he had graciously led the way to a beautiful garden where refreshments were served.

At the Hôtel de Ville de Paris

The members of the Board of Directors were received by the President of the Municipal Council and by Monsieur le Préfet de la Seine at the beautiful Town Hall, where the visitors had the honour of signing the famous Livre d'Or, that Golden Book in which so many distinguished names are inscribed.

The Tomb Beneath the Arch

On Sunday afternoon it was fitting that a visit should be paid to the Tomb of the Unknown Soldier, who lies beneath L'Arc de Triomphe, his resting place marked only by a leaping flame as unquenchable as the spirit of France itself. Wreaths were deposited by representatives of the nurses of Great Britain and the Dominions, and the United States of America.

At the Opera

Mademoiselle Chaptal had put her finger, once more, on a thing distinctively French. We were ushered to the choice boxes of the Opera House and were a little dismayed to learn that six of the party had the high honour of sitting in the box of the President of the Republic. It was whispered that, upon hearing of a projected performance other than French, Mademoiselle Chaptal had prevailed upon the conductor to change the

programme and to perform, for the delight of nurses gathered from all parts of the world, a programme truly French—*La Damnation de Faust*, by Berlioz.

In French Homes

The members of the Board of Directors were entertained, on July 5, at dinner in the home of Madame Juillet. It would be difficult to describe adequately the excellence of this hospitality, from the distinctively Parisian surroundings to the minutest detail in the preparation and serving of a delicious dinner. As is the custom in Paris, at the rear of the house is a beautiful garden artfully illuminated with flood lights, located on the roof, above a spacious verandah. Here we rested after an arduous day. The many rooms of the house are furnished with rare pieces of antique furniture and the walls are hung with tapestries and oil paintings. The dinner itself left nothing to be desired—from the menu written by Mademoiselle Chaptal herself, to the table decorated in the colours of the French flag—red and white roses and blue cornflowers.

On July 6, Mme la Maréchale Lyautey graciously received us at afternoon tea. For some time we chatted with the delightful hostess and again obtained a glimpse of the charm of French society.

In Brussels

Belgium was not to be out-done by France, for on a lovely afternoon we motored to the Summer Palace of the King and Queen of the Belgians, and were received by Queen Elizabeth and the Crown Princess. The Queen, perfectly attired, was delightful in her simplicity, and led us out past hundreds of delegates, who had gathered in the hall of the Palace, to her own rose garden. Here again was reflected the esteem in which nursing, and the nurse leaders, are

held in Belgium and once again, as in France, the highest privilege in the gift of the State had been ours.

Burgomaster Max

This thrilling occasion fittingly closed the entertainment planned for Congress delegates. Quite unostentatiously, Burgomaster Max, of war fame, welcomed us to what is considered the most beautiful building of its kind in Europe. Rich in carving, tapestries and paintings, the walls and ceilings mirror the best that is Belgian in art and beauty. It took but little imagination to visualize the officers and their partners of an earlier period, dancing light-heartedly on the eve of Waterloo.

Before leaving Brussels a visit was paid to the Tomb of the Unknown Soldier and a tribute of flowers was paid to the gallantry and chivalry of Belgium.

The Canadian Breakfast

A specially happy occasion was the famous breakfast when over a hundred Canadians foregathered and, scorning the traditional *petit déjeuner* of coffee and rolls, revelled in bacon and eggs. Yet even this function had an international flavour, for six foreign guests of Miss Emory and Miss Gunn were present. Five of these were former students in the School of Nursing of Toronto University and one had had a period of study in the Toronto General Hospital. There guests included:

Mademoiselle Marthe Damman, of Belgium.

Mademoiselle Elsa Hacks, of Belgium.

Miss Antonia Scheffrer, of Yugoslavia.

Madame Costres, of Roumania.

Miss L. Wolenska, of Czechoslovakia.

Madame Babicka-Zachertowa of Poland.

A roll-call was made of the various Provinces represented and the West particularly had good reason to be proud of its showing. Miss

Jean Gunn made a brief address and was presented with a corsage bouquet of orchids as a tribute to the constructive work done by her during the sessions of the Board of Directors and the Grand Council.



MISS ELLEN MUSSON
Honorary Treasurer, International
Council of Nurses.

The Red Cross Society

A delightful entertainment was arranged by the French Red Cross Society. This took place at the Cercle Interallié, the guests being received by the President and members of the French Red Cross Society. Over the spacious grounds and in the trees were hung lights which, on a clear summer evening, made one feel that only Paris could present such a sight. Decorated with hydrangeas and skilfully illuminated, the platform stood out as in a fairy tale and on it danced and sang the lads and lasses of France, interpreting in a unique way the folk-lore of their country.

A Visit to a French Château

The programme committee had left one afternoon free from sessions so that we might enjoy a visit to one of the famous castles of France. Gaining a glimpse of rural France, we neared the Château along a road heavily wooded with stately trees. Our hostess showed us through the charming rooms and led us to a beautiful garden, secluded at the end of a long path. Later we enjoyed a truly French repast, under the trees, with the grandchildren of the Marchioness as our servitors. Delightful indeed was this family in its genuineness and cordiality and none the less delightful the castle in its exquisite setting.

Among the Nursing Groups

The Congress afforded many opportunities for national nursing groups to meet around the festive board. The Canadian delegates entertained some of the members of the International Board of Directors at luncheon and the representatives of the United States and of the Philippine Islands were joint hostesses at an enjoyable luncheon at the American Women's Club. The National Council of Great Britain entertained the International Board of Directors at dinner. This delightful function was an appropriate climax to the round of entertainment in Paris.

The Happy Ending

At the conclusion of all these happy and moving experiences we realized what insight we had gained into human relationships and into life in its broadest interpretation — an enriching experience which can never be forgotten, and which we owe to our association with the International Council of Nurses.

F.H.M.E.

JEANNE MANCE

1659 — 1933

It will be remembered that the Reverend Sister Allard, directrice of the School of Nursing of the Hôtel Dieu, Montreal, attended the International Congress as one of the official representatives of the Canadian Nurses Association. She was accompanied by the Reverend Sister Lacas, Mother Superior of the Hôtel Dieu, and by Sister Thibault, Superior of the Arthabaska Hospital which was founded in 1841 by the Montreal community.

An interesting feature of Sister Allard's journey to France is that she is the first French-Canadian nun from the Hôtel Dieu to visit France since the foundation of the Order in Montreal in 1659, and to mark the occasion a bronze medal was presented to her in Paris by the French Minister of Public Health. The honour paid Sister Allard will give great pleasure not

only to religious communities engaged in nursing but to Canadian nurses in general.

On her way overseas to attend the Congress in Paris, Miss Isabel McIntosh visited the Hotel Dieu in Montreal in order to make sure that the details of her costume were historically correct.

The Reverend Sister Helen Morrissey, who is an authority on all that concerns the early history of that institution, had discovered from ancient documents and from the original of the inventory made by the notary after the death of Jeanne Mance, that her wardrobe consisted chiefly of silk dresses and poplins of various colours. The costume suggested by Sister Morrissey was scrupulously carried out as follows: French gray poplin, with full ankle-length skirt, pleated to the waist, an outside ceinture



GARDENS OF THE HOTEL-DIEU

or belt, made tight to the figure and pointed in front and at the back, a plain tight waist, full sleeves with deep pointed white cuffs, a little white cape over the shoulders, and a tight-fitting white

There were scattered silver threads in her curling auburn hair; faint pencillings of time were noticeable around the eyes and running towards the small and delicate ears, but the large brown eyes



Reverend Sister Dailey, Mademoiselle Senecal, Miss Isabel McIntosh as "Jeanne Mance", Mademoiselle Renaud, Reverend Sister Helen Morrissey, Reverend Sister Campbell.

satin bonnet or cap, the border embroidered or ornamented with a satin cord.

Personally, Jeanne Mance is described, at the age of fifty-three, after twenty years of constant effort, as "still a beautiful woman."

were as full of life as ever, her step was still elastic and her carriage graceful."

In spite of the conditions of life in the new country, Jeanne Mance preserved the amenities of life as far as possible.



HOTEL-DIEU, MONTREAL.

WHAT ONE CANADIAN COUNCIL IS DOING

AGNES B. BAIRD, Reg. N., Secretary, Division on Maternal and Child Hygiene,
The Canadian Council on Child and Family Welfare.

The Canadian Council on Child and Family Welfare is an association of social agencies and private citizens interested in Canada's problems of child and family welfare and the better organization of the community to deal with them. It was formed in October, 1920, as the result of a conference of all services then at work in the Dominion, convened in Ottawa, by the Dominion Department of Health. It is administered by a voluntary board of professional social workers and philanthropically-minded citizens. It maintains a full-time office with an executive staff at Ottawa. Outstanding Canadian counsel give their services as honorary advisors in legal matters. Financial policy is directed by a strong committee of prominent Canadian business men and financiers.

The Council is supported in part by an annual grant of \$10,000 from the Dominion Government, (reduced 10% in 1931-2), by special grants from some of the provinces, by payments for services from others and by voluntary contributions. The Canadian Life Insurance Officers' Association by an annual grant of \$7,000 to \$8,000, makes possible the entire work of the Section on Maternal and Child Hygiene. Community Chests in certain cities make specific donations to its funds. Over one half of its growing budget is derived from private contributions. Membership is open to all who believe that Canada's greatest resources are her people and their welfare.

The Council publishes *Child and Family Welfare* every other month, a periodical devoted to welfare problems in all their phases and the other Council services are organized in eight divisions of work:

The Division on Child Care and Protection

This division is especially necessary in Canada where all child protection is provincial in legislation and administration. The Council's services consequently serve continuously as a medium through which the different child-caring agencies clear information and action, particularly in the field of publication and legislation. Definite work in survey, investigation, and re-organization of child-caring services has been carried on, on request, in all nine provinces in the last five years. The Council office also maintains a routine information service to agencies in this field, offering record forms, specialized literature and information on administration.

The Division on Family Welfare

Created in 1929, this Division seeks to offer a service to the family welfare agencies such as the Council has been able to build up for the children's agencies. Community survey and organization of family welfare and relief services have absorbed its major activities, while latterly it has been offering special literature in this field, particularly *In Times Like These*, a handbook for the use of communities faced with the terrific pressure of relief needs.

The Division on Community Organization

Its work consists of general organization of community work and co-operative community financing with definite plans for literature in this field. Its most substantial services to date have been those associated with the organization of the Vancouver Welfare Federation, the Community Survey and formation of the English Catholic Welfare Bureau and Federation in Montreal, and the recently formed system of Federations in the city of Ottawa.

Division on Recreation and Leisure Time Activities

This division has been recently organized to offer general educational assistance, and when possible, direct field service to communities in the organization of their recreation services. Under its auspices, Captain Bowie of Montreal visited all the larger centres of Western Canada in 1932. It also issues a bi-monthly list of approved motion pictures for family and children's showings.

Division on Delinquency and Related Services

This division has financed special inquiries regarding youthful offenders in Canadian penitentiaries. It was responsible for an intensive study and conference leading to revision of the Juvenile Delinquents' Act of Canada in 1929, and has offered field services in the Maritimes and Western Canada through the loan of Mr. Frank Sharpe of the Toronto Big Brother Movement.

The Division on French-Speaking Services

This division is served by its own secretary, a registered nurse. In close co-operation with health authorities particularly in Quebec, a continuous educational service is maintained to French-speaking communities with widespread distribution of literature in French. The bilingual conferences organized under its auspices are of great value in interpreting the different emphases in English and French-speaking work in Canada.

The Division on Officials in Public Welfare Administration

This division has been formed in the last six months to provide opportunity for conference and exchange of information among officials engaged in public services in the welfare field.

The Division on Maternal and Child Hygiene

This division functions through its own Secretary, who is a registered nurse. Through this division are operated the pre-natal and post-natal letter service, the diet folder, habit-training folder, and the pattern and pamphlet services.

It is this last division of the Council which deals specifically with matters of health, and is therefore of special interest to nurses. Its program and policies are formed by its committee consisting of representatives of the Dominion Health Council; repre-

sentatives of the Department of Health; the Deputy Minister or Chief Health Officer of the Departments of Health of each province; representatives of the Canadian Life Insurance Officers' Association and other outstanding authorities in public and private health services.

The chief executive officer of the division is its chairman, Dr. J. T. Phair, Director of Child Hygiene for the Province of Ontario. Closely associated with the chairman in the scientific review of all publications is a strong committee of outstanding obstetricians and pediatricians in Toronto, Montreal and Ottawa. Between annual meetings the work of the section is carried on through the sub-executive consisting of the Chairman, the Executive Director of the Council and members of the committee resident in Ottawa. An editorial committee, a committee on statistical interpretation, a news notes committee, and a publicity committee were appointed in 1932 to which the officers of the section may turn for help and advice.

It is only since 1929 that a full-time program for this section has been in force, built upon the fact that a proportion of ill-health and premature death in Canada is due to preventable or remedial illness or to defects attributable in some degree to carelessness, ignorance and indifference and that a great part of this loss could be overcome by intensive health education. It was felt that inculcation of habits of healthful living, of periodic health examination and of the observance of the need for proper and sufficient food, sleep, rest, fresh air and sunshine could profoundly alter the health and so the economic and social aspects, particularly of child life, in a generation. The program of the section

does not seek the discovery of new health facts but the dissemination and application among the Canadian people of the facts already known.

The unnecessarily high maternal, premature and neo-natal mortality rates in Canada were the focal points on which interest was concentrated. On the assumption that no matter how careless and indifferent a woman may be with regard to health matters, she will likely evince some interest and concern during pregnancy, the first effort was made in general public education in this field by direct education of the woman in the home through the pre-natal letter service. This service consists of nine monthly letters, revised from time to time, instructing the mother how to protect herself and her child before its birth. This service was the result of national adoption in 1926 of a local service, transferred from the Child Welfare Association of Montreal, which had made a demonstration of this nature in the area of Montreal.

In the early days of the Council, the section's activities took the form of addresses to lay and health groups, popular articles in the women's section of the daily press and in women's publications, exhibits at conventions, conferences and fairs, directed towards arousing interest within the home in these health problems. Though the work has expanded, it follows the principle of primary direction of material to the parent within the home. Arising out of the growth and distribution of the pre-natal letters, in 1930 a post-natal letter service was developed. This series consists of twelve monthly letters *You and Your Baby* containing advice on the care of the baby in its first year. The parental letter service is designed in time

to extend to the pre-school child and the child of school age. A diet folder service, formerly carried on by the Canadian Public Health Association was taken over, consisting of five diet cards with advice on diet from infancy to school age.

A series of six pamphlets, *Child Welfare Problems in Habit Formation and Training*, deal with the importance of proper habits as a foundation for development. Folders on some of the common ailments of childhood, on which material was not otherwise available in such form, have been issued from time to time and deal with rickets, malnutrition and protection against diphtheria. In 1932, a supplement was added to the post-natal letter service dealing with the nursing of the child suffering from common ailments within his own home. In collaboration with the household science department of MacDonald College a booklet on school lunches in rural areas was published, in response to a need expressed by rural nursing and women's organizations.

Health record forms for the periodic examination of children, statistical charts on maternal and infant mortality and posters have been published at the request of health services for such material for teaching use. Though the section's literature has not been directed to teachers, a continuous demand for material for use in schools led to the publishing in 1932 of a pamphlet, *Some Sources of Material for Health Education in Schools*, a second edition of which is now in the press.

In distribution, as well as in preparation of literature, the closest co-operation is observed with provincial and municipal health authorities or any other constituted health agency. Unless

the health department does not itself wish the system to be followed, all inquiries for literature directed to the Council office are forwarded to the health service of that area for attention, Council literature being supplied to them in bulk and free of charge. This system brings the inquirer into direct contact with the local organization and opens the way for individual teaching under the actual health services already in the field.

From women in sparsely settled areas far from medical care, from women who have been given our letters in clinics or in hospitals, by their doctors and their nurses, come letters of appreciation, letters asking for copies for their friends and relations, showing that they are proving a boon. In these days of economic stress we are glad that we are still able to send these letters far and wide, free on request, to the increasing number asking for them.

May we lay claim to being one link in the chain of effort that has resulted in a Canadian infant mortality rate of 62 in 1932 in contrast to 88.1 in 1921? These figures are exclusive of Quebec as that province did not enter the registration area until 1926; inclusive of Quebec the rate has dropped from 101.8 in 1926 to 89.7 in 1931. The maternal death rate of 4.9 per 1000 live births in 1932 in contrast to 5.1 in 1921 shows that the widespread efforts in intensive education and provision of proper care in the pre-natal, natal and neo-natal periods are at last bringing results throughout the Dominion. The Council seeks, in a modest way, to make its contribution in the crusade, by the continued provision of personal literature, distributed free, but only on request, to the individual home or health service.

A New Appointment

The Director of the School for Graduate Nurses of McGill University has authorized the announcement of the appointment of Miss Ethel R. Parkinson, Reg. N., B.S., as a member of the teaching staff. Miss Parkinson will have charge of the courses in public health nursing, thus filling the vacancy occasioned by Mrs. Prince's resignation to which reference was made in the August issue of the *Journal*. Miss Parkinson's professional qualifications and wide experience in the field of public health nursing and medical social service, in Canada and in the United States, fit her in an outstanding way to teach and direct public health nursing students.

Miss Parkinson received her preliminary education in Ontario, where she obtained a permanent teacher's certificate and, before entering the field of nursing, she had several years teaching experience in the public schools of that province. Miss Parkinson is a graduate of the School of Nursing of the Bellevue Hospital School, New York. After a year's experience in private duty nursing, she was a supervisor at the Seaview Tuberculosis Hospital, Staten Island, for six months, and for over four years, in the capacity of second assistant in the Medical Social Service Department of Bellevue Hospital, was in charge of the convalescent work in that department and assisted in the teaching of new staff members.

While in the United States, Miss Parkinson had extensive field experience, including six months of special nutrition work, with intensive home teaching, at the Bellevue-Yorkville Health Demonstration and, as a student in the public health nursing course at Columbia University, with the East Harlem and Health Demonstration clinics. In 1930 she received the B.S. degree, with a major in Public Health Nursing from Columbia University. Returning to Canada in 1931, she was appointed to the staff of the Victorian Order of Nurses in Montreal, and since that time has assisted with the supervision of field work and the teaching of student groups at this teaching centre of the Order.

Miss Parkinson assumes her new duties this month. She comes with the highest recommendations as a field worker, teacher and supervisor. Her academic and professional qualifications, ability and experience will insure sound instruction and thorough preparation of the students in public health nursing in the School of Nursing in McGill University.

A Comparison of Surveys

The President of the Canadian Nurses Association, Miss Florence Emory, presided at a session of the Congress at which an interesting discussion took place concerning the findings of the surveys of nursing which have recently been made in Canada, Great Britain and the United States and some other countries.

As might have been expected, certain marked similarities and dissimilarities were clearly reflected in the various reports. Fortunately for the outlook of nursing in the future there was evidence in all the reports of:

A unified spirit and a solidarity of purpose in the group as a whole.

A scientific spirit and a recognition of need or deficiency in some aspects of nursing.

A determination, by means of factual data, to analyse and to define the need or deficiency.

A constructive spirit which, having determined the need, is ready to direct its energies toward overcoming deficiencies and strengthening certain aspects of nursing education and practice.

Since the political, economic and educational environment in the

various countries differ more or less widely, there was naturally a marked contrast in the methods of the surveys themselves and of their findings and recommendations for action.

The important point is that a profession which has the courage to face its troubles and to look for a way out has already taken the first steps on the difficult uphill path which leads to better things for nurses the world over.

The Canadian Outlook

Incompleteness would characterize this report were the effects of the depression upon the nurses of Canada entirely overlooked. Since the situation in individual countries is but part of a world-wide condition it is useless to dwell too long or too much upon it. Let it be said, however, that the scars of unemployment and resultant unrest are apparent. Yes. But in the midst of it all a quiet courage, a refined if chastened spirit is emerging, and we hold the conviction that a professional integrity, stronger and more searching, will be the enduring contribution of this generation of the profession to the next.

An excerpt from the Report for Canada given at the International Congress in July, 1933, by Florence H. M. Emory, President, Canadian Nurses Association.





The Editor's Desk

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The Silver Jubilee

In *Notes from the National Office* the Executive Secretary gives notice of the approaching celebration of the twenty-fifth anniversary of the founding of the Canadian Nurses Association. The celebration will be held next summer in Toronto, the home of the Founder of the Association, Miss Mary Agnes Snively.

It is interesting to trace in the successive issues of *The Canadian Nurse* during 1908, the growing interest in the new movement. In the June number the following letter from the Founder of the International Council of Nurses appears:

421 Oxford Street, London W.

Dear Miss Crosby,

When are you going to have a National Council of Nurses of Canada? It is time; why not start, and come into affiliation with the International next year, 1909, when we hope to have a splendid meeting? Denmark, Holland, and Finland have already applied for affiliation. Our Colonies and Dominions are behind in women's organizations—they are too parochial. The world is a very wee place, and too many narrow circles attempt to ignore that fact.

Yours very truly,

ETHEL G. FENWICK,

Hon. President, The International Council of Nurses.

In July, 1908, a brief editorial reads as follows:

We heartily endorse the suggestion of Mrs. Bedford Fenwick that the time has

come when Canadian nurses should consider national organization. It was one of the chief purposes in the mind of the founders of *The Canadian Nurse*, and we hope the time is not far distant when our national nurses' magazine shall chronicle the formation of a National Association of Nurses.

The November *Journal* chronicles the proceedings of the Second Annual Convention of the Society of Canadian Superintendents of Training Schools for Nurses, which took place on October, 1908, in Toronto. On Thursday, October 8, at the afternoon session of that Convention, the Canadian National Nurses Association came into being as described in the official report of the proceedings:

The President explained that the Council of the Superintendents' Association, together with the delegates present from all the Nurses' Associations, were now met to consider the advisability of forming a Canadian National Nurses' Association, which should enter the International Council of Nurses, the next meeting of which is to be held in London, in 1909. Miss Snively gave a brief historical account of the formation of Nurses' Associations, dating from the American Superintendents' Association, in 1893, and quoted from Miss Dock, of New York; Mrs. Bedford Fenwick, of London, and other leaders in the nursing profession, advising the formation of this National Association. At the request of the President, Miss Alice J. Scott then read the committee's report, and after a general discussion, it was decided to form a Provisional Committee, and thus organize the National Association.

It was moved by Miss Greene, seconded by Miss Molony, that the name of this

committee be "The Provisional Committee of the Canadian National Association of Trained Nurses." Carried.

Moved by Miss Stanley, of London, seconded by Miss Scott, of Toronto, and carried, that the following Constitution be adopted and that the objects of this Association shall be:

To promote mutual understanding and unity between Associations of Trained Nurses in the Dominion of Canada.

Through affiliation with the International Council of Nurses, to acquire knowledge of nursing conditions in every country; to encourage a spirit of sympathy with nurses of other nations, and to afford facilities for national hospital-ity.

To promote the usefulness and honour of the nursing profession.

Moved by Miss Shaw, seconded by Miss Hamilton:

That the officers of the Provisional Committee shall be a President and Secretary-Treasurer, elected for a period of from three to five years.

It was moved by Miss Stanley, seconded by Miss Molony: That Miss Snively, President of the Canadian Society of Superintendents of Training Schools for Nurses, be elected President of Provisional Committee of the Canadian National Association of Trained Nurses.

Miss Brent took the chair, and it was moved by Miss Snively seconded by Miss Chesley: That Miss Shaw (M.G.H.) be appointed Secretary-Treasurer of the Association.

The following Associations have joined the new National Association: The Canadian Society of Superintendents of Training Schools for Nurses; Ontario Graduate Nurses' Association; Canadian Nurses Association, of Montreal; Hamilton Graduate Nurses' Association; Ottawa Graduate Nurses' Association; Manitoba Provincial Nurses' Association;

Vancouver Graduate Nurses' Association; Calgary Graduate Nurses' Association; Edmonton Graduate Nurses' Association; Toronto General Hospital Alumnae Association; St. Michael's Hospital Alumnae Association, Toronto; Kingston General Hospital Alumnae Association; Hospital for Sick Children Alumnae Association, Toronto; Alumnae Association, Western Hospital, Toronto; Alumnae Association, Riverdale Hospital, Toronto; General and Marine Hospital Alumnae Association, St. Catharines, Ont.; Montreal General Hospital Alumnae Association; General and Marine Hospital Alumnae Association, Collingwood.

In November, 1908, *The Canadian Nurse*, in its editorial columns bestows its blessing on the National Association.

Nothing since *The Canadian Nurse* made her first little bow has given the Editorial Board more sincere pleasure than the formation of the National Association. We announce it to the nursing world with pardonable pride, feeling that we had some share in it, and we know, from assurances already given, that the new National Association will receive a sisterly welcome from the members of the International Association. The constitution seems perfectly adapted for its purpose, and in its first officers, Miss Snively, the President, and Miss Shaw, the Secretary-Treasurer, the society is indeed fortunate. May success ever attend it.

Today the *Journal* can wish nothing better for the Association to which it now belongs than that the spirit, the courage and the foresight of the women who founded it may continue to be its inspiration in the years to come.



ARC DE TRIOMPHE, PARIS

Courtesy of the Canadian Pacific Railway.

Letters to the Editor

1 1 1

A Warning

Sometime in April, I gave a subscription for *The Canadian Nurse* to a student who was canvassing here. He informed me that I was probably too late for the May edition but said I would surely receive the June number. I have not received *The Canadian Nurse* or any acknowledgment of the subscription. Will you please be good enough to let me know if you have any record of this subscription? Incidentally, the check I gave to him has been cashed.

L.S.,

Orillia, Ontario.

Intending subscribers are warned not to give money to agents unless they can produce evidence to prove that they are properly authorized to solicit subscriptions either by the Journal itself or a reputable commercial agency such as the William Dawson Subscription Service, Toronto.—Editor.

"All round the world—and a little hook to fasten to"

I have been subscribing to *The Canadian Nurse* for five years now and find it of the greatest help and inspiration. Your problems and ours in New Zealand are very similar and it has been of definite assistance to me to see how the Canadian nurses are attempting to solve their problems.

Yours faithfully,

MARY LAMBIE,

Director, Division of Nursing,
Health Department, Wellington,
New Zealand.

From a Reader of Off Duty

Just a line to tell you we aren't too busy making the world safe for public health to miss seeing many spots rich in history and legend. The only trouble is there is not half time enough. The wreaths from the nurses lay on the tomb of the Unknown Soldier on Sunday afternoon, and the Arc de Triomphe is another unforgettable memory.

One of the V.O.N.

R. M. TANSEY.

Worth Waiting For

Enclosed please find a renewal of my subscription which ran out in March. I have appreciated receiving the *Journal* during the past few months while wondering from month to month whether it would continue coming or not.

I am working at the present time but merely on a half-time basis, there being two nurses employed by the Company in our town. They are giving us both part-time work rather than laying one off.

Thanking you again for carrying me over the last few months, as I found it quite impossible to send the money before.

T.E.M.

New Brunswick.

A Challenge to the M.G.H.

After having taken *The Canadian Nurse* for so many years I find that I should miss it. As cold water to a thirsty soul so is good news from a far country. My only objection is that I do not get enough Montreal news. We older graduates long for news from home. I was quite thrilled when listening to Mrs. Roosevelt broadcasting from New York to hear the announcer say: *We will now hear Dr. W. W. Chipman from Canada.* It was so good to hear his voice over the radio away out here in California. I had recently heard that one of our M.G.H. graduates was living in Berkeley and though I had never written to her I was inspired to write and tell her some Montreal news of those we knew in days gone by and I got such a grateful letter in reply.

When we were in Ottawa at the first meeting of the Canadian Nurses Association I remember Miss Snively saying: *Do not forget that we are making history.* I did not mean to write all this but age makes us garrulous; I was in the first class in the M.G.H. and that will excuse the length of my epistle.

Wishing you all success in your good work.

Sincerely yours,

ANNIE M. COLQUHOUN,

Box 7, Mills, California.

WHAT PRICE INTELLIGENCE?

Courtesy of the American Nurses Association.

As one method of reducing hospital operating costs, consider the intelligence test for the selection of student nurses. No less than \$5,000,000 is expended fruitlessly each year by schools of nursing in the United States in attempting to train students who do not complete the prescribed course, according to the estimate made by Dr. Elsie O. Bregman, in a recent study, published in the *Nursing Education Bulletin* of the Department of Education, Teachers' College.

While Dr. Bregman does not contend that the use of intelligence tests would completely wipe out this loss, she believes that it could be considerably reduced by timely identification of the incompetent. She has studied the intelligence test ratings of more than 10,000 student nurses, and from them has drawn some interesting conclusions.

In the first place, this psychologist finds abundant proof that schools requiring high school graduation as a minimum for entrance are getting a better type of student than are schools with less exacting entrance requirements. The superiority of the high school graduate is strikingly demonstrated in a series of intelligence tests

given to both first-year students in a school now requiring high school graduation, and to affiliated and graduate students in the same school whose educational preparation is miscellaneous. The first-year students are the more able group.

In a foreword to the report, Professors Isabel Stewart and Maude Muse, of Teachers' College, point out that the problem of selection of student nurses will never be solved by the use of intelligence tests alone, and that certain motor and personal traits are quite as essential as intelligence. Nor can tests ever be substituted entirely for the judgment of experienced nurses in relation to nursing aptitude, or for the initial try-out that the probationary period supplies. Nevertheless, it is likely that the economic and human wastage of the old system can be reduced by the use of appropriate tests which are now in process of elaboration.

A Shrinking Field

More than ninety per cent of the calls at the Suffolk County Nurses Central Directory, Boston, were for hospital nursing, according to a recent report. Only eight and a half per cent were for home calls.



Department of Nursing Education

CONVENER OF PUBLICATIONS: Miss Mildred Reid, Winnipeg General Hospital, Winnipeg, Man.

INSPECTION OF SCHOOLS OF NURSING IN CANADA

BEATRICE L. ELLIS, Reg. N.; Superintendent of Nurses, Toronto Western Hospital, Toronto

Each of the nine provinces of Canada has a Nurse Registration Act which, in addition to defining and licensing registered nurses, provides for an examining board, advisory council, and a registrar, and usually outlines the minimum requirements for approved schools. British Columbia, Ontario and Quebec have inspection of schools of nursing, introduced in 1919, 1923 and 1925 respectively, the incumbent in each instance being a nurse, although only Ontario makes this definite specification. In practice, these officials are the registrars, responsible for registers of approved schools and registered nurses, and, except in Quebec, for the examination arrangements.

In Alberta, where the administrative authority of the Nurse Act is vested in the Senate of the provincial university, a committee of three, consisting of a nurse, who was the president of the Registered Nurses' Association of that province, and who represented the nurses in the Senate, a doctor, also a member of the Senate, and on the teaching staff of the university hospital, and a layman, the registrar of the university, completed the first inspection of nursing schools in 1932. Other provinces, although desirous of instituting this measure, have been unable to make the necessary adjustments, chiefly for financial reasons.

The Registered Nurses' Associations of British Columbia and Quebec are directly responsible for the regulations controlling approved schools and registration, as well as the appointment and financing of the inspector—known in Quebec as the hospital visitor. The Nurse Registration Act of Ontario is administered by the Department of Health, including the appointment of the inspector, who is a member, ex-officio, of the Council of Nurse Education, in conjunction with which she prepares regulations for the conduct of approved schools and outlines the curriculum.

Progress in nurse education is evident in all provinces, but without the authority, stimulation and skilful guidance of inspectorial visiting of schools of nursing, compliance with regulations depends on the individual superintendent, who may err from expediency or lack of vigilance. Therefore, where inspection obtains, the interpretation of the nurse education programme to boards of trustees and superintendents by patient, tactful nurse advisors, has effected uniformly higher standards. A summary of resulting improvements follows.

British Columbia, where the number of approved schools has been reduced from seventeen to twelve in the last three years, has at least, annual visits. Frequent conferences with boards of trustees

An address delivered at the International Congress of Nurses, Paris and Brussels, July 1933.

and superintendents regarding the inadvisability, financially and educationally, of conducting schools with limited facilities, have made inspections in Ontario more irregular, but have reduced the schools from one hundred in 1923 to fifty-seven, approved, in 1932. A number of smaller hospitals have transferred to graduate staffs, demonstrating an improved hospital service to the community without financial loss, and decreasing the number of students by one hundred and forty-four during the present year. British Columbia, by discontinuing some smaller schools, and Quebec, by discontinuing those in connection with children's and mental hospitals, as well as admitting fewer students to other schools, should have an appreciable decrease in students graduated.

The length of a regular inspection is from one to two days, depending on the size of the school and need of assistance—a follow-up visit being customary where indicated. While in the community, this official plans to confer with hospital staff nurses, to address nursing organizations, and to give vocational talks to high school students. Copies of the inspectors' reports are sent in each case to the superintendent and usually to the chairman or secretary of the board of trustees. Annual reports from the schools are obligatory in Ontario, where the forms are most comprehensive.

Standards of Admission

Preliminary educational requirement is a common weakness in the legislation of all provinces. Though many individual schools have a satisfactory standard, provincially the most progress has been made in British Columbia, where junior matriculation will be required June 1933, and in Quebec, with a present minimum of three years'

high school. All require certificates, doubtful ones being evaluated by the inspector or other educational authority.

Age of Students on Admission

Regulations which are specific in this regard set the minimum age as eighteen years, although the Canadian Nurses Association, in conformance with the Weir Report, has recommended that this be nineteen years. Official birth certificates are insisted upon in British Columbia.

Educational Facilities

Physical facilities, including suitable residences, properly equipped class and demonstration rooms, as well as libraries, receive special attention, there being every indication that conditions are greatly improved, and in the majority of schools satisfactory.

Clinical Facilities

Clinical experience must be provided in medical, surgical, obstetrical and pediatric nursing, either in the parent school or by affiliation, which is frequently arranged by the inspector, and experience in communicable diseases, tuberculosis or mental diseases is recommended where possible.

Faculty

British Columbia has full-time instructors in all but one school, who have either teaching experience, a one year post-graduate course in teaching, or a university degree. The other provinces are making definite progress through the recommendations of the inspectors.

Curriculum

General revision has been under consideration which will be expedited by a committee appointed by

the Canadian Nurses Association in 1932 to undertake the construction of a basic curriculum for schools of nursing in Canada. Emphasis on ward teaching with correlation of theory and practice, as a result of increased ward supervision, has been markedly developed in Quebec, and decidedly improved in the other provinces. With respect to the elimination of non-educational assignments, British Columbia reports satisfactory progress, while Quebec has almost entirely eliminated such in the English-speaking schools.

Hours of Duty

In British Columbia, almost all schools have an eight-hour day, but some a twelve-hour night, with no disturbance during the day for classes. In Ontario, by regulation, the hours of duty must not exceed fifty-eight weekly, including class hours; in Quebec, not more than sixty to sixty-four hours.

Records

Adequate records, including services and instruction, the latter classified as lecture, recitation and demonstration, are insisted upon, and standardized in British Columbia and Ontario. This problem has been much clarified by hospital visiting in Quebec. Health records vary, but a complete physical examination, usually including a chest X-ray, during or at the close of the preliminary term, is the universal practice; subsequent annual examinations are advocated. In British Columbia, the interest and co-operation of the Deputy Provincial Health Officer not only provides the initial chest X-ray but the follow-up of any suspicious cases, in the smaller schools.

The deliberations of Provincial Joint Study Committees on the

Survey, and recommendations from the Canadian Nurses Association to boards of trustees and provincial associations will promote the solution of such common problems as varying standards within and between provinces; the lack of continuity of the teaching programme, resulting from frequent changes of staff, due to resignation or rotation, as in religious orders; the overproduction of graduate nurses and the uncontrolled practical nurses occasionally deliberately launched by unapproved schools.

H. G. Wyatt, referring to the ideal equipment for inspectors of elementary schools said:

There is the view that you need not be a painter to be able to appreciate a picture, nor a practical teacher to appraise a school. The analogy may perhaps hold true if appraisement means a judgment of the picture or the school against ideals—a recognition, that is, of the picture's claims to beauty or the school's claims as a perfect place of education. But in practice the appraisement of a school involves more than this, it involves an appreciation of the efforts made to obtain perfection, and the progressive nature of those efforts—the inspector has to measure the struggle, not only the attainment. And just as in regard to a picture the care needed for its production can be measured best by the man who can most nearly place himself in the position of the painter at his work, so to give due credit for a school's work, it is necessary to assume the position of the worker; and though this can be partially done by patient inquiry into particulars, it is clear that the surest way of understanding the detailed complexities of the teaching life is to live it.

Applying this to the nursing profession, should not our inspectors be nurses, experienced in the complexities of our schools?

The co-operation of the inspectors and registrars of the Provinces in supplying information for this report is gratefully acknowledged.
—B. L. E.

Book Reviews

THE LIVER DIET COOKERY BOOK, containing recipes for cooking liver without the addition of fat, and menus for fourteen days, compiled by Dorothy Sewart, (A Sufferer from Anaemia). With a foreword by Vincent Coates, M.C., M.A., M.D. (Cantab.), M.R.C.P. (Lond.). 62 pages. Published by the Macmillan Company of Canada, 70 Bond St., Toronto. Price 45 cents.

This handy pocket-size volume would be most valuable to any nurse who must somehow persuade her patient to eat liver. Written from the standpoint of the patient, it brings into relief the very points which must receive attention if the treatment is to be a success. The recipes are varied and practical and useful hints are given about serving meals attractively.

In the preface the author tells us why the book came to be written:

I entered a nursing home, and my experience there was that although the food was sent to me quite nicely prepared and cooked, it was lacking in variety, and was served *without tact*. I salted it with tears.

These sentences might well be framed and hung as a warning in the serving pantry of every ward in the hospital.

NURSING MENTAL AND NERVOUS DISEASES FROM THE VIEWPOINTS OF BIOLOGY, PSYCHOLOGY AND NEUROLOGY. A text-book for use in schools for the training of nurses. By Albert Coulson Buckley, M.D., Medical Superintendent, Friends Hospital, Frankford; Professor of Psychiatry, Graduate School of Medicine, University of Pennsylvania, Honorary Consultant in Psychiatry, Philadelphia General Hospital. 57 illustrations, 321 pages, Third Edition, Revised. Published by

the J. B. Lippincott Company, Philadelphia. Canadian Office, 525 Confederation Building, Montreal.

The growing interest of nurses in the field of psychiatry and neurology is reflected in current nursing literature and the revised edition of Dr. Buckley's text-book is therefore timely. The volume is well printed and illustrated. Another helpful feature is a glossary which cannot fail to be useful in a division of practice in which the terminology is unfamiliar to the average nurse. There is also a good index.

Part 1 is divided into two chapters, one of which takes the form of a biological introduction and the other deals with the vertebrate nervous system. The discussion of these intricate topics is brief but clear and these chapters could also be used to advantage in a general course in anatomy and physiology as well as for the specific purpose for which they are intended. The illustrations in this section are excellent.

In the section on mental processes, both the subjective and objective aspects of the topic are considered and the psychoses are classified and dealt with in relation to their causes and conspicuous symptoms. The specific nursing care required in each type of case is noted under the appropriate caption, and, in addition, a chapter is devoted to mental nursing in general. This describes special nursing procedures and the more important hydro-therapeutic measures. Brief reference is also made to occupational therapy and psychotherapy and to the modern mental hygiene movement. Part 4 is devoted to the consideration of diseases of the nervous mechanism.

Department of Private Duty Nursing

CONVENER OF PUBLICATIONS:

Miss Jean Davidson, Paris, Ont.

THE REGISTRY AND HOURLY NURSING

AGNES JAMIESON, Reg. N., Private Duty Nurse, Montreal.

There is much food for thought in two articles written by Miss Fay Simmons which have appeared recently in the pages of *The Canadian Nurse* and it is likely that the day is not far distant when private duty nursing, as we now know it, will evolve into a better organized and directed service than it is at present. As professional nurses, we are faced to-day with the necessity of providing adequate scientific nursing care for the rich, the middle class, and the poor, at a price which they can afford to pay and which will permit the nurse herself to earn a living wage. The rich are able to pay, and the poor are relatively well taken care of by various social and industrial agencies and by public wards in hospitals which offer them free care. But the middle class, with limited means, finds the cost of medical and nursing care to be crushing. Yet many hospitals have large deficits, doctors are no richer than other men and nurses are frequently not able to save for sickness or old age.

The rich can afford, and probably will prefer to continue to employ special nurses when needed, or as a luxury. It is also possible to give hospital care to the middle-class patient at a moderate cost by means of group nursing. If in addition we could provide hourly nursing in their homes, we could also

reach many patients in all classes who, for divers reasons, such as lack of money and difficulty in making arrangements for domestic assistance find it unnecessary or inconvenient to employ nurses on a full-time basis.

Group nursing in the hospital, and hourly nursing, either in the hospital or in the home, are recommended by Dr. Weir in the *Survey* as being sound in theory and capable of being worked out in practice. His investigations show that there is a considerable body of opinion which approves of both these systems. Among private duty nurses, 84% expressed themselves as being in favour of hourly nursing and over 50% approved of group nursing. Among superintendents of nurses, 80% approved of hourly nursing and 75% of group nursing. Among physicians about 80% approved of hourly nursing and 76% of group nursing. Members of the public, from whom enquiry was made, were strongly impressed with the value of hourly nursing, 88% going on record to this effect, and 75% as approving of group nursing.

Under these circumstances why not give both these plans a fair trial in this country? If we are to succeed we must first seek to know the facts; second, we must face these facts, and third, we must be ready to act. Thanks to the *Survey* the facts have been placed before us, and, in these critical days of unemployment, we should now

* See "The Canadian Nurse", June, 1933, p. 307, and July, 1933, p. 365, "Sharing the Load", by Fay Simmons, R.N.

have the courage to take action. Nursing is progressive like all other arts, and nothing human is final.

Let us first turn our attention to group nursing which, as Miss Simmons says, has met with success in several hospitals in the United States, where the ratio is not more than two or three patients to one nurse. In Canada also, one hospital at least carried on group nursing for more than two years with some success. Two day nurses and one night nurse were employed to care for four patients. The usual time off duty was given daily, and a holiday of one month was granted at the end of each year.

One of the factors which made for success in a plan such as this is the collection of the fee by the hospital. It is not always certain that the nurse employed as a special will be able to obtain payment from the patient direct. The salary paid by the hospitals for service of this kind is quite good in these days of depression and probably exceeds the minimum earnings of the average private duty nurse. The eight-hour day is another good feature.

Miss Simmons quotes several arguments advanced by those who are opposed to group nursing:

If one patient requires more care than the others, it is unfair to those who are given less care but pay the same. There is a danger of partially being shown to one patient. Group nursing is only "glorified general duty." Group nursing takes work away from the special nurse. If one nurse cares for a group of patients having different doctors, conflicts will arise when the doctors make rounds. Group nursing is not just to the patient because he is compelled to pay a higher rate for the nursing care which should be included in the price he pays for his accommodation in the hospital.

In response to the criticisms quoted above it may be said that, while the right nurse will always avoid unfairness or partiality, the patient also should be encouraged

to recognize that he himself receives extra attention when very ill and should therefore be willing to share that privilege with others. It is not correct to say that group nursing is only glorified general duty. Group nursing involves the care of relatively few patients only and the nurse is not over-worked, but is busy to the point of interest. It is doubtful whether group nursing takes away work from special nurses. The patients who desire group nursing service frequently cannot afford to employ special nurses and, therefore, more work is created for nurses to do. Since publicity is two-thirds of the game, the education of the public in the use of group nursing service will increase employment.

It should be possible to establish sufficient co-operation between doctors and nurses to avoid conflicts, and it is suggested that hospital administrators might see fit to help out in an emergency by assistance from the ward staff. It is not true that group nursing is unjust to the patient in that he pays a higher rate for nursing care. The service included in the price of his room would only be such nursing care as could be given by general duty nurses. Certainly group nursing is less costly than special nursing and is of a better quality and quantity than general duty nursing, but in order to ensure its success there must be whole-hearted team work on the part of the patient, the doctor, the hospital administrator, and the nurse herself.

We will now discuss the advantages of hourly appointment nursing in the home for the benefit of the great mass of the middle class which is still not reached by a visiting nurse service and frequently remains without skilled nursing. The underlying principle of hourly nursing is that of giving short term service to the patient, *arrang-*

ed at his convenience. A visiting nursing service must necessarily be influenced by the community aspects of its work and it is likely that an hourly service obtained through a registry will appeal more to certain patients who have seen better days and also to the wealthy who may feel shy about calling a nurse through an organization which they know to have been inaugurated under charitable auspices. This is one reason why the official nursing registry should register and accept calls for the hourly nurse. The interest of the patient and of the nurse will be safeguarded and the patient's need can be better judged as to whether he requires continuous nursing care or only a limited number of hours.

Miss Simmons asks this question: *What organization or group should assume responsibility for administering hourly appointment service?* In reply she mentions a visiting nurses association, the official registry, and the hospital. The visiting nurses association sometimes finds it difficult to fit in calls at the time specified by those who can afford to pay without interfering with necessary free visits to those who are critically ill. In my opinion, hourly nursing by appointment can be more successfully carried on under the direction of an official registry, conducted by a Graduate Nurses Association, the membership of which is usually composed of about eighty per cent private duty nurses. The nurse pays a yearly registry fee and can be called for hourly duty when waiting for calls. The registrars would not be any more harassed by calls for hourly nursing than they are at present by frequent messages from nurses who are idle and bored while waiting for work for an average of six months in the year. The registry is a recognized agency for the distribution of

work, but sometimes hospitals and doctors are the greatest obstacles in any attempt to distribute work among the long list of unemployed in these days of distress among the private duty group. Many of the calls which come to the registrar are to find out whether certain nurses are available. Perhaps this is excusable in some instances.

Hourly nursing is really a *fractional private duty service* for which the *private duty nurse* is specially equipped because she is accustomed to giving satisfactory care to very exacting private patients and knows how to meet the needs of paying patients who expect their individual wishes to be catered to. It is easier for her to give this service than it is for a nurse who is employed by an organization with hard and fast rules. For instance, some organizations will not send out nurses after certain hours in the evening; calls must be put in some time before the service is required; the period over which the nurse may remain is limited to three or four hours, and calls are not accepted on Sundays and holidays. The official registry is naturally more flexible and can send out nurses at once, either day or night. Sufficient nurses are always on call to carry on the work, and it would be possible to arrange a service which would be advantageous both to the nurse and the community.

It is not difficult to plan for hourly nursing when the names are already on the registry list; it would just be necessary for the nurses willing to accept these calls to register for them. The experimental stage would not be unduly costly because no extra expense would be involved unless, possibly, for publicity.

As for supervision, this class of patient would have confidence in his nurse because she was called

through a private duty registry and he would not want any supervising done in his home. The nurse, of course, would always be under the direction of a doctor and would turn in a report to the registrar concerning every case for the purpose of record and for measuring accomplishment. The registry, in turn, would report monthly regarding its hourly service to the Board of Directors of the Graduate Nurses Association and would suggest any changes which might appear necessary for its development.

The great experience of older nurses who do not wish to give the long hours required of a special nurse might be utilized to advantage in hourly nursing. An ordinary plain white coat should be worn in the home over her dress by the hourly nurse. This would look more professional when she is not wearing either white shoes or cap and would be easily adjusted.

Folders should be provided, plainly stating the rules, the fees, and the nature of the service offered. This should be given to every patient by the nurse sent out from the registry. She should avail herself of every opportunity of explaining to the public how they may obtain such nursing care as they can afford. This news will spread to the patient's family and friends, and other forms of publicity should also be energetically pushed by the registry and other nursing groups. There should be close co-operation with health and social agencies, and the members of the medical profession should be kept informed because their endorsement and support are necessary to the success of the movement.

Nursing associations might use the funds provided for the relief of unemployment to meet any ex-

pense which might be involved in the carrying on of an hourly nursing system. Employment would be stimulated and, eventually, sufficient nurses might be employed to render the scheme self-supporting. In localities where official registries are non-existent, hourly nursing service might be inaugurated under other health organizations already present in the community, or arrangements might be made through some social agency.

Hourly nursing by appointment might also be successfully carried on in the hospital for the benefit of patients who do not require or who do not wish to employ special nurses. Patients who find it necessary to dispense with the services of their special nurses are now asking them whether it would be possible for them to continue giving morning care at an appointed time on an hourly basis. Either cases, and other patients who are acutely ill, could use part-time nurses satisfactorily. The doctors would benefit by more contented and better nursed patients, and the hospital would have more appreciative patients and, as in group nursing, would be relieved of extra work. Calls might come from the ward to the training school office, and the hourly nurse could keep in touch with the ward office and be assigned to other patients while already there, thus avoiding the necessity of calling the registry. A nurse might even get sufficient calls to allow her to remove her name from the registry for special duty. Private duty nurses would thus have some means of paying their living expenses while waiting for special calls.

Lord Durham says that the nursing profession cannot remain as a stationary society in a new and progressive world. The nursing profession is vitally interested to-

day in the difficult problem of the high cost of sickness, and recognizes its responsibility for rendering service according to the need in both home and hospital. It ought to be possible to meet this need and at the same time to so arrange that work might be distributed to nurses who are at present unemployed. Let us try.

A Lay Point of View

May I be allowed to make a layman's comments on the correspondence in your columns arising out of the statement made by G. M. E. Leigh that the private nurse is doomed owing to "the education of the public and the spread of the Voluntary Aid Detachment movement" (her italics), a statement that seems to need a good deal of qualification.

The coming of the more or less trained nurse, whose services could be obtained for two or three guineas a week, at a time of great prosperity, at a time, too, when advances in medicine and surgery were superseding traditional methods but when the domestic training of women was at a low ebb, made an opportunity that is not likely to recur and was a phase in social evolution to which many factors contributed.

Today the trained nurse is, very properly, a much more expensive article, people are poorer, their houses are smaller, their servants are fewer, are easily upset and hard to replace and girls are receiving more and more a modicum of education in matters of health and other domestic subjects. This does not mean an encroachment on the province of the professional nurse, but an adjustment of female education by which the defect in domestic training is being made up—not, as in old days, by the empirical methods of home teaching but by courses of instruction by experts.

The position is paralleled in women's work generally, but the curious lurking opposition of "trained" to "untrained" that one encounters at times among nurses is perhaps a symptom of a profession still adjusting itself to changing conditions in a changing world—a "trained" accountant does not resent the book-keeping of the amateur, nor a "trained" cook the fact that girls are taught cookery.

There must always be a vast amount of such "untrained" service infringing on the work of professionals who are concerned with the daily life of men and women.

It would appear that the demands of the specialist, of nursing homes, hospitals, public health, and health education, offer to the highly qualified women of the nursing profession the great opportunities, while the woman at home qualifies herself for those duties to which she is called by nature; for as Florence Nightingale said "almost every woman has at one time or another of her life charge of the personal health of somebody, whether child or invalid—in other words every woman is a nurse." She is not, nor does she seek to be, the rival of the "trained" nurse, but she is useful in her own sphere, and the very knowledge that makes her competent there will teach her when to seek specialized aid. Here the help of the trained nurse is and must be more and more indispensable.

MARGARET B. CROSS.

A letter appearing under the caption of correspondence in The Nursing Times, July 29, 1933. This publication is the official organ of The College of Nursing, Great Britain.—Editor.

A Friendly Critic

Courtesy of the American Nurses Association

The medical profession could double the number of registered nurses used in the home today, Dr. Millard Tufts of Milwaukee believes. He finds that it is not uncommon to meet physicians who are treating several hundred patients outside the hospital without employing a single registered nurse. "The physician, especially outside of institutions, repeatedly finds it difficult to obtain a good quality of nursing service among graduate nurses. He is therefore reluctant to emphasize to his patients the importance of employing the registered nurse. He probably resorts to more medication or even to untrained help with supervision", Dr. Tufts in a spirit of friendly criticism and helpfulness told the Wisconsin nurses at their state meeting. Dr. Tufts does not blame the nurse but believes that she is an institutional product, a part of a system, and does not always adapt herself easily to the needs of the home. She needs supervision. No one can conceive of a public school teacher doing effective work without definite supervision and control. Yet nurses, following their hospital training, are sent out in new fields to find themselves lacking, not in the science, but in the art and psychology of nursing. No one aids them; there is no organized supervision. They sense failure. Proper and friendly advice are necessary to improve their condition, this Milwaukee physician believes.

HAS IT COME TO STAY?

MARGARET I. TEULON, Reg. N.; Convener, Directory Committee, Vancouver Graduate Nurses Association.

The members of the Vancouver Graduate Nurses Association feel sure that the readers of *The Canadian Nurse* will be interested to hear what steps have been taken in Vancouver in an endeavour to solve the unemployment situation among nurses, especially those engaged in private duty. Undoubtedly one of the factors in the unemployment situation is the inability of the average person to afford skilled nursing care. Therefore the nurses realized that the first thing to do was to adjust their fees, in keeping with present-day conditions. The obvious way of distributing the work among the nurses was to divide the twenty-four hours into eight-hour periods, thus employing three nurses instead of two, or two instead of one, and in many cases one where otherwise there would be none. It amounted to sharing both the work and the fees.

The problem was taken to the Association by the Directory Committee, and a mass meeting of private duty nurses was called at which the proposal to establish an eight-hour day at \$3.00, and also to retain a twelve-hour day at \$5.00 in place of \$6.00, was discussed. This was settled later by ballot, the result being an overwhelming majority in favour of the proposed change of schedule. It was felt that there would be occasions when, for some reason or other, twelve-hour duty would be preferable, and in order to meet this demand the twelve-hour day was retained. One cannot with any accuracy voice an opinion regarding the success of this change as it affects the unemployment situation. The new arrangement has only been in force since March 28, and is still in the experimental stage. The major-

ity of the medical profession are co-operating with the nurses, in fact there were calls for eight-hour duty before the result of the vote was ascertained.

One has only to inquire of a nurse who has experienced an eight-hour day or night to know what a great success it is from the standpoint of efficiency on the part of the nurse. Before the end of a twelve-hour day or night, a nurse is often too exhausted mentally and physically to use her best judgment where her patient is concerned, and unable to enjoy any form of recreation herself. As some one once said *anything over eight hours lowers the quality of the whole day's work*. One of our well-known medical men declared that a nurse was handicapped from the time she went on duty with the mere thought of twelve long hours ahead of her.

Attention might also be drawn to the fact that a private duty nurse gets no half-day, nor Sundays, nor any holidays off-duty, even when on a long case, as many are. Nevertheless the nurses did not plead their cause with these arguments. Their endeavour to establish an eight-hour day was an unselfish gesture with a two-fold purpose: to make it possible for more people to employ nurses, and to decrease the unemployment among their numbers.

The ultimate success of this venture rests with the nurses themselves. If we are sufficiently farsighted to grasp this opportunity of establishing the eight-hour day by using our influence with both doctors and patients, the time will come, we hope, when the twelve-hour day will be abolished, and the remuneration for an eight-hour duty increased.

Department of Public Health Nursing

CONVENER OF PUBLICATIONS: Mrs. Agnes Haygarth, 21 Sussex St., Toronto, Ont.

FOODS OF THE FOREIGN BORN

JEAN FORBES, Reg. N., Victorian Order of Nurses, Montreal.

The public health nurse is undertaking an important and rather difficult task in trying to teach nutrition to Canada's new citizens, therefore in fairness to herself and to them, she must have not only a knowledge of nutrition, but some information about the habits and customs of many peoples. This broader knowledge will enable her to deal more intelligently and sympathetically with the various nutritional problems that will inevitably occur. She must also realize that in order to do effective teaching, it is necessary to have some knowledge of the characteristic foods, and of the flavors that appeal to the various racial groups. In large cities, where people from many countries congregate, the problems are multiple. The nurse's aim should be to assist her families to make the adjustments necessary to the changed living and climatic conditions in such a way that they will retain all that is good in their own dietary, and learn to accept the additions and variations that will maintain and promote health.

The problem of how to get the best food value for the least money is acute throughout the world. It is a problem common to all races and climes, and is further accentuated when the individual finds himself in a new setting, with limited funds, and a scanty knowledge of food values. Arriving in this country, the stranger naturally settles in a neighbourhood where

he finds others of his own nationality, and from this partially assimilated section of the community he acquires his first lessons about what to eat and how to buy in Canada. He tries to live as nearly as possible as he did in the Old Country. Certain foods are dearer, however; the climate is different; living conditions are changed; and ity, and from this partially assimilated learning to adjust he makes many mistakes. He has, in all probability, been accustomed to raising his own goats, cows and farm produce, and finds it difficult to understand why milk and vegetables should cost so much. He drank milk because it was plentiful and cheap, and now he rules it out for the very good reason that it is, in his opinion, expensive and scarce. Vegetables, too, that he probably had for the picking in his own country, he finds are quite expensive, and these, too, he excludes from his diet in favour of the more satisfying foods.

The nurse's problems, then, are to help her clients to realize that the reason for their good health in their native country has, to some extent, been due to the fact that they had a more adequate diet; to enable them to understand why milk and vegetables help to maintain health, and to help them to plan their food budget in such a way that they will find it economically possible to provide a healthful diet for their families. When assisting with budget planning, the

nurse should try to allow for the retention of the flavour of the national diet. This can be done by a careful analysis of the dietary habits peculiar to the group with whom she is working. She must remember, also, that a great many religious customs are bound up with food habits, and be tactful in her approach lest she offend. The nurse who is tolerant and can win the confidence of her patient, and who has taken the trouble to seek knowledge on this subject, and has the happy faculty of being able to appreciate the other person's point of view, will find that her suggestions are appreciated and acted upon.

Let us now consider a few of the specific problems of some of the various racial groups. The Jewish families, found within our borders, present many of our most difficult dietary problems because of the religious restrictions which are applied to their diet. Due to their wanderings since Biblical times, they have become known to all countries and have adopted many of the dietary customs of other races. Mrs. Mary Shapiro has ably summarized these dietary laws for us. The author states that the Jewish people use only certain animal foods because they consider that all animals are either clean or unclean. The clean animals are quadrupeds that chew the cud and divide the hoof, and all others are regarded as unclean. The animal used for food to be clean, is killed in the prescribed manner by men especially trained for this purpose. The animal is thoroughly inspected, and if any pathological condition is found or if the animal has died or was poisoned, it is regarded as unclean and unfit for use. The Jewish people are forbidden to eat blood. This necessitates, therefore, the proper treating of meats to re-

duce the amount of blood. Certain blood vessels and parts of the animal are rejected. The front quarters only are used.

The way in which meat is prepared in order to be made fit for use is called "koshering." The process is as follows: the proper animal is slaughtered, according to Jewish law, and the proper cut of meat is secured from the animal. The cut is soaked for half-an-hour to allow the blood to escape, salted and placed to drain for one hour. The meat is then washed three times to remove the salt and consequently part of the vitamins and the best part of the mineral salts go down the drain. This koshering and preparing of food in the proper way is a strict rule of the Jewish people and very few disobey it.

Another important rule to be remembered is that meat and milk are never used together. If meat is prepared for a meal, milk is not taken with that meal, nor for six hours afterward. This habit necessitates a complete double equipment of dishes and utensils, as milk dishes cannot be used for preparing meat and vice versa. If the dishes become mixed the utensil is contaminated and is unfit for use. The dish must then be discarded or properly sterilized. Remembering this, soap, which is an animal product, should never be placed in a dish without first consulting the family. Pork or pork products may not be eaten; neither may butter be served with meat.

The Jewish diet on the whole is very rich, consisting of many varieties of pastries and cakes, foods rich in fats, and pickles and sours in abundance. Milk is often neglected and meat dishes are substituted. Smoked and spiced beef are used in large amounts, while cheese and eggs are partaken of moderately. The Jewish people

use large quantities of potatoes, carrots, onions, beets, and beet greens in soup, but very few other green or fresh vegetables. Dried mush of a coarse variety is used frequently in soups and as porridge. The fruits served at meals are usually dried, but fresh fruit is eaten between meals. Combinations of "sweet and sour" are the rule, sour cream and sweet butter being particularly well liked. The food is generally over-seasoned, over-rich, over-sharp, and over-concentrated.

A common dish is that of "gefulte fisch". A raw fish of selected types is chopped up finely with onions, seasoning, and bread soaked in water. Eggs are beaten and mixed with this preparation. The whole is then rolled into cakes and boiled in a small quantity of water for three hours. It may be served on lettuce with horse radish. "Krep-lach" is another common food. It consists of a flour mixture made into dough with water and eggs. It is rolled out, cut into squares and used in soups and stews, or is stuffed with cheese or meat. The following are typical Jewish meals for one day:

Breakfast: Eggs, potatoes, white bread or rolls, butter, coffee.

Noon meal: soup, eggs, fried peppers, potatoes, bread and butter.

Evening meal: soup, stew with "krep-lach", potatoes, salad, dried fruit, tea.

Keeping all these points in mind and remembering that all the foods of the Jewish people may be classified under three headings; namely meat or fish; milk and its products; neutrals; the nurse has a knowledge that will help her to make recommendations. The nurse instructing Jewish families should try to teach them how to make milk dishes that they will find palatable. Such dishes might be creamed vegetables, milk soups, or milk desserts, and they should

learn that at least one should be used every day. An effort should be made to eliminate excess fat from their diet. They should be helped to realize that pastries in quantities are harmful, because they consist of starch and fat in their most indigestible form. An effective appeal may be made through their love for their children, by pointing out the importance of a well-balanced diet during childhood.

Next in importance to the Jewish characteristic are those of the Italian. The Italian immigrant who comes here has been, as a rule, a farmer. On his arrival in Canada he readily finds friends and neighbours from his own country, and establishes his home nearby. In the markets in that neighbourhood he can get Indian meal, meat and fish in quantities, plenty of vegetables and fruits of various kinds, but everything is much more expensive than in the Old Country. At home he had a garden and cost of food was a minor detail; here he has no garden and the cost is a major problem. It is an effort to get milk. In fact in order to get it some other food must be eliminated. In his own country he used goat's milk from his own goats. He finds our coffee cheaper than in his own country, and consequently the children are given coffee to drink. They are given an adult diet early in life, a diet with too great a proportion of starchy foods. The Italian women, when they do cook, take a great deal of care in the preparation of food and make the meal appetizing. They would be apt pupils if taught early enough how to market, and what to eat for each meal and why.

Striking characteristics of the Italian diet are the daily use of meat, macaroni and olive oil. They like vegetables but find them ex-

expensive. Milk is used sparingly, while they live largely on bread, macaroni, potatoes, meat and vegetables. Meat is used by sacrificing vegetables and milk. Beans and cheese are well liked and fruit is used if not too dear. They fry a considerable amount of food and have rapidly acquired a taste for sweets. The children eat a great deal of candy between meals.

The Italians make their macaroni with a very strong Italian cheese which is much more expensive than our cheese, and as it costs about eighty cents a pound it is used more as a flavouring than as a food. If it were pointed out to them that Canadian cheese at nineteen cents a pound could be used in larger quantities, they might then use it as a food rather than as a flavouring. They use starchy foods as a base and then add other materials for high flavour rather than for food value. Their diet contains a great many "conserves" as they they call them and sauces so highly spiced as to frequently cause digestive troubles. In their own country Italians make their bread with coarse flour but they do not like the so-called coarse bread here. They could probably be persuaded to make their own bread if they had the type of fuel they use in the Old Country. Gas gives a very different result and unless they can be taught that cook stoves are more suited to their needs as well as less expensive, home-made bread is not a possibility. The result is that white flour is their staple food. The following are typical Italian meals:

Breakfast: bread without butter, coffee.

Noon: sausages or fried eggs, cheese, bread, coffee.

Evening: meat cooked with beans and vegetables, macaroni with cheese and olive oil, corn meal mush with cheese, bread and butter, garlic.

The problem here is to preserve and recognize native dishes and at the same time try to make the changes that seem desirable. The nurse should teach the Italian mother how to prepare simple dishes with milk and endeavour to make them realize that milk is a food. Their natural tendency to use quantities of vegetables should be encouraged, but they should also be taught to prepare them without destroying the food value. The amount of fried foods used can be materially lessened by suggesting other more attractive methods of preparing these foods. Continual teaching is necessary to decrease the amount of sweets, tea, and coffee consumed by the children.

The Poles and Russians are next to be considered. Their family diet on arrival in Canada usually consists of simple meals of flour-gruel, potatoes, coffee, eggs and meat. This family with its simple ways is confronted and confounded at first by the many cooking utensils and appliances in use in this country. Our gas stoves are to them new and strange and a bit terrifying. No wonder these new Canadians have difficulty in adjusting to our ways. The chief characteristics of their diet are, that milk is counted as a drink; that meat forms a prominent part of the diet, especially pork and veal, with game in season; that potatoes and bread are used at practically every meal; and that eggs are served freely. Sauerkraut is popular and beets are used a great deal to give colour to their soups and stews. They cook their vegetables with their meat and cook them too long. The following are some typical Polish meals:

Breakfast: boiled potatoes, bread.

Noon: soup with peas, potatoes, sauerkraut, boiled barley, bread and milk.

Supper: salt pork, potatoes, bread, sour milk.

The nurse might advise the use of less starchy foods and an increase of fat, such as butter. She should teach how to cook with milk, giving simple recipes for milk desserts and soups.

The Hungarian diet seems to have less variety than most of the European diets. They eat a great many dough mixtures made into bread and noodles of different kinds. They are fond of spices and pickles. They use game extensively in season and serve frequently several types of Hungarian goulash. This goulash consists of chopped fat pork cooked with cabbage or some other vegetable. Fats and oils are used in large quantities, and beers and wines are present on the table at meal time. The following is a characteristic Hungarian menu:

Breakfast: smoked bacon, raw onion, bread and coffee.

Lunch: bean soup, cheese with noodles, or goulash, fruit, bread.

Dinner: bacon and raw onions, lettuce and beets, fruit, sour milk.

Here the stress might be laid on simple methods of cooking and the use of vegetables instead of so much cereal. The importance of milk as a food cannot be too strongly emphasized and its use in combination with other foods should be encouraged. Among lesser suggestions that would be beneficial are: that various kinds and cuts of meats be substituted for the bacon that is used so unchangingly, and that eggs and cheese be used sometimes in the absence of meat.

The diet of the Chinese is as varied as our own. It consists of eggs, meat, fish, cereals, and a large variety and quantity of vegetables, plants and weeds such as radish leaves, bamboos, and some plants that we do not consider edible. Rice, which takes the place of our bread, is used in abundance. Their vegetables are prepared by being cut up into small uniform pieces in conformity with an ancient law laid down by Confucius. The Chinese use practically every part of the animal as food except the hair and bones; the brain, spinal cord, coagulated blood and other organs are considered to be delicacies. Fish is bought alive if possible and is preferred raw, while eggs are a delicacy and used as we eat candy. All types of eggs are used, among them hen, duck, pigeon, and many "fermented" eggs, that is, eggs prepared in a special way, put in storage and served when company comes or when there is a special occasion.

The more one studies and thinks about the ways, habits and diets of the foreign born, the more one realizes that there is much that we may learn from them. Many Canadian born have a poorer and less varied diet than our friends from over the sea. With a little encouragement, explanation, and advice it is possible to help the stranger to accept new customs and different food habits that will enable him to live more healthfully and happily in the home of his adoption.



The Ontario Dietetic Association

The annual meeting of the Ontario Dietetic Association was attended by a number of dietitians from hospitals and commercial institutions throughout the Province, and by Miss Ruth M. Park, Director of the Dietetic Department, Montreal General Hospital. At the morning session papers were read by Dr. F. F. Tisdall: *New Views on Nutrition*, and by Dr. Elizabeth Chant Robertson: *The Effect of an Inadequate Diet on Resistance to Infection*, which embodied research work not yet published. Miss Lida M. Burrill presented evidence to show that cereals cook in less than the conventionally accepted time. At the luncheon meeting, with Miss Violet M. Ryley presiding, reports were read by the chairmen of the four sections of the Association. Miss Mame T. Porter, Chief Dietitian, Toronto General Hospital, summarized the results of a questionnaire sent to the hospitals of Ontario, regarding the qualifications of the dietitian and the length of time spent on lecture and laboratory work in diet therapy by pupil nurses.

During the afternoon session, a conducted trip through the laboratories of the School of Hygiene revealed the process of making insulin, liver extract

and other physiological products on a large scale. Research papers with practical applications to cookery were read by two members of the staff of the Ontario Research Foundation. A delightful afternoon tea was enjoyed at the Sick Children's Hospital. At the banquet in the evening, which was attended by over two hundred people, Miss Marjorie Bell, Toronto Visiting Housekeepers' Association, told of the different methods of supplying food relief in order to ensure an adequate diet for all, especially for children in an emergency nutrition service. Other speakers were Miss A. M. Hamill, on the subject of *Vocational Education* and Miss Ruth Park who showed the use of wooden food models in teaching diabetic patients the value of foods.

The officers of the Association for 1933-34 are as follows:

Honorary President: Annie L. Laird; Honorary Vice-President: Violet M. Ryley; President: Lorena Richardson; Vice-President: Olive R. Cruikshank; Secretary: Wilma Gear; Assistant-Secretary: Josephine Booth; Treasurer: Evelyn Creed. The chairmen of the four sections into which the Association is divided are: *Administration*: Helen Buick; *Diet Therapy*: Alice C. Pidgeon; *Education*: Mame T. Porter; *Social Service*: Muriel Redmond.



Notes from the National Office

Contributed by JEAN S. WILSON, Reg. N., Executive Secretary

The Jubilee of the C.N.A.

The word jubilee aroused our curiosity as to its origin; we found that the Book of Deuteronomy records the occurrence of a festival, or jubilee, to commemorate the deliverance of the Israelites from Egyptian bondage, and that the dictionary gives the meaning of the word as "an occasion for general joy." We like that definition when we think of the Silver Jubilee Year of the Canadian Nurses Association.

It is also fitting that the Association should observe the celebration of its twenty-fifth year of existence in the city in which the founder of the organization resides. It was in 1908 and under the leadership of Miss Mary Agnes Snively, Superintendent of Nurses, in the Toronto General Hospital from 1884 to 1910, that the national association was formed. At the seventeenth General Meeting, which is to be held in Toronto, in June, 1934, there will be a specially prepared programme in recognition of the attainment of the quarter-century milestone. It will be an occasion of general joy, owing to the anticipated presence of Miss Snively herself as well as of a number of other charter members, for in the beginning, individual membership as well as that of organizations was recognized in the C.N.A. In an early number of the *Journal* it is planned to give our readers a bird's-eye view of the plans which are under way for the Silver Jubilee and General Meeting in 1934. The nurses of Ontario, and especially the Committee on Arrangements for this event, have comprehensive plans well advanced, about which we hope to fill these columns soon.

The National Office

Before the National Association was three years old, the question of a central place in which the records could be kept was under consideration. It was not until twelve years later that that suggestion became reality and the burden of secretarial duties was removed from the member elected to the office of Honorary Secretary. Today, the C.N.A. has its headquarters in a National Office, which receives commendatory remarks from all who visit it.

Since the National Office was first opened, early in 1923, an earnest endeavour has been made toward the formulation and adoption of certain standards for the progressive development of the national organization. The first responsibility of the executive officer at headquarters is toward the governing body of the C.N.A., the Executive Committee. It is that group which determines policies, arranges programmes and undertakes to interpret and carry out the wishes of the federated provincial units. The executive officer must undertake to become the administrative agent for the Executive Committee. There is constant communication between the President and the National Office, and four meetings of the Executive Committee are held annually. The Executive Committee members are scattered throughout the Dominion, numbering forty-four altogether. The minutes of the Executive Committee meetings are prepared in detail, so that the members unable to attend shall be able to keep themselves well informed of national interests and projects, and whenever progress reports from Special Committees contain outstanding information, a copy of the report in full is sent to each member of the Executive.

The Executive Committee has delegated to the Executive Secretary all the duties of the Honorary Secretary and Honorary Treasurer, as outlined in the by-laws. The executive officer is directly responsible to the President of the C.N.A. In addition to meeting the demands of organization work, the services of the headquarters' staff is available for clerical assistance to the standing and special committees, and to aid these in obtaining the information necessary to the development of the various projects for which such committees are appointed. To the sections, also, headquarters' staff gives clerical help when required, and renders assistance in other ways as occasion demands. It is desired that close contact be maintained with the secretaries of the three national sections and to make sure that all matters relevant to the interest of any one section are brought promptly to the attention of its officers.

Since the C.N.A. became a federation of the nine provincial associations of registered nurses, the executive secretary has endeavoured to create a Dominion-wide understanding among C.N.A. members that these provincial units constitute the Canadian Nurses Association. Consequently, the campaign for an increase in national membership is regarded as the one means by which the provincial associations will become strengthened and the national association truly representative of the entire registered nurse population. While national membership is only obtained through provincial affiliation, the individual nurse should ever realize that she has direct access to national headquarters should she wish to seek help there in solving her personal problems. The plan now in operation whereby there is intercommunication be-

tween the national and provincial offices is that the secretaries of the provincial organizations are sent complimentary copies of the minutes of the Executive Committee meetings, as well as all other information distributed to the members of the Committee, and in turn the provincial secretaries submit reports to the Executive Committee for each quarterly meeting.

The National Office aims to become a service bureau of information for organized nursing in Canada and also the centre to which other national organizations and individuals of allied interests may refer for assistance. It is of primary importance that the operation of the National Office should be carried on in a business-like way. Correspondence, varied and extensive, requires prompt attention and an accurate filing system as well as a readily available up-to-date reference index. The accounting system at headquarters was instituted under the direction of a chartered accountant, to whom the books are submitted once a year and a certified report prepared. Supplies are carefully purchased, and bills are paid monthly after the President has signed and approved them. The adoption of a budget system is essential in any office where expenditure of money is required. The budget is based on the anticipated revenue and expenditures for the year. The Association approves the budget at each General Meeting. The executive secretary prepares a monthly financial statement, a copy of which is sent to the President, the Honorary Secretary and the Honorary Treasurer. Each member of the Executive Committee receives a quarterly financial report. Revenue to maintain expenditures for the C.N.A. is derived from the per capita fee levied on the federated units.

News Notes

News items intended for publication in the ensuing issue must reach the Journal not later than the eighth of the preceding month. In order to ensure accuracy all contributions should be typewritten and double-spaced.

ALBERTA

CALGARY: The Calgary Association of Graduate Nurses held a basket picnic on July 20, at Bowness Park. Though many members were away on their holidays a representative number enjoyed the outing and the opportunity of being together. After supper, Mrs. Stuart Brown once more gave evidence of her Celtic gift of seeing the future in the teacup. Games followed and some members went for a rowing expedition on the pretty lake. Among those present were the president of the Association, Miss P. Gilbert; Miss K. Lynn, Miss H. Ash, Mrs. Stuart Brown; Miss A. Casey, Miss M. Reid, Mrs. V. Kennedy, and many others. Plans for the sale of work to be held later in the summer are being carried out under the direction of Miss Carpenter.

MANITOBA

WINNIPEG: It will be of interest to many generations of nurses who received their professional training in the School of Nursing of the Winnipeg General Hospital, to hear of the retirement of Mr. James M. Cosgrave who, for more than forty years, played an important part in the administration of the hospital.

NEW BRUNSWICK

SAINT JOHN: Among the summer visitors to Saint John are: Mrs. Sanderson (Bess Wilson), of Prince Albert, Saskatchewan; Miss Elsie Urquhart and Miss Josephine Murphy, of Boston, Massachusetts; Miss Annie Leckey, of East Orange, New Jersey. Friends of Miss Margaret Barnes, R.N., Assistant Superintendent of Nurses, of the East Saint John County Hospital, will be pleased to hear that she is much improved in health after a recent operation.

Married: On August 5, 1933, at Saint John, New Brunswick, Miss Muriel Seely (S.J.G.H. 1931), to Mr. I. Newton Fanjoy.

Married: Recently at Tarrytown, New York, Miss Thelma D. Watters (S.J.G.H. 1926), to Mr. J. Victor Nyberg.

Married: Recently, in New York, Miss Bessie Leavitt (S.J.G.H. 1927), to Mr. Robert Gowley.

NOVA SCOTIA

HALIFAX Miss Ethel Cryderman, Supervisor attached to the central office of the Victorian Order of Nurses, is expected to be in Halifax on September 19 and 20, and will hold an Institute on Maternal Care. A similar Institute has been conducted in other Provinces by the Victorian Order with marked success.

Married: On July 5, 1933, at Halifax, Nova Scotia, Miss Ida Georgina Crosby, Superintendent of Nurses, Nova Scotia Hospital, to Dr. Murray MacKay, acting Medical Superintendent in the same institution.

REGISTERED NURSES' ASSOCIATION OF ONTARIO

DISTRICT 1

CHATHAM: The regular monthly meeting of the Alumnae Association of the Public General Hospital was held at the home of the President, Miss Dorothy Thomas, in honour of Miss Priscilla Campbell, Superintendent, before she left for an extended tour abroad. The evening was pleasantly spent with a large number present. Miss Campbell was presented with a beautiful kodak as well as with the good wishes of all. After attending the International Congress she will take a post-graduate course in England and in Scotland.

The graduating class of 1933 of the Public General Hospital were the guests of Miss Priscilla Campbell, the Superintendent of the Hospital, at a delightful afternoon tea and a theatre party on the evening of June 3, and on June 4 the graduating class, staff, and students attended church service at Holy Trinity Church. The Rev. A. C. Calder gave an inspiring address.

Tuesday evening, June 6, proved clear and fair for the graduation exercises held in Park Street United Church. Amid banks of flowers and with the student choir in the background, twelve graduates received their diplomas and pins. The chief speaker was Dr. Fred W. Routley, Director of the Ontario Division of the Canadian Red Cross, who stressed the value of the nursing profession in the world today. Following the exercises,

a delightful reception, held in the Nurses' Residence, was enjoyed by the relatives and friends of the graduates.

An interesting occasion took place on June 23, on the lawn of the Nurses' Residence, in the form of a farewell party for Miss Priscilla Campbell, and also for Miss Gertrude Meyers, who leaves the hospital this year. A small remembrance was presented to each.

DISTRICTS 2 AND 3

BRANTFORD: Miss E. M. McKee, Superintendent, Brantford General Hospital, is spending her vacation in Montreal. Miss Lena VanEvery, (class of 1932, Brantford General Hospital), has taken charge of the medical ward of the Brantford General Hospital.

GALT: Miss M. Clark and Miss H. Teather, two members of the nursing staff of the Galt Hospital, sailed on the Empress of Britain, on July 1, for Europe. While abroad they attended the Congress of the International Council of Nurses in Paris. According to letters received from them they enjoyed the sessions very much. They will sail for home on August 18. Miss Doris Frizzell is spending the summer as camp nurse at the O.B.M. Camp, Lake Chapleau, Quebec. Miss Alice Lamb spent an enjoyable vacation at Dunella, Ocean Grove, and New York City. Miss M. Van Dyke spent her vacation in New York City and the West Indies. An enjoyable picnic organized by the Alumnae Association, was held by the Galt Hospital graduates on June 21, in Riverside Park, Preston. About fifty were present, many graduates coming from out of the city to attend.

DISTRICT 5

WESTON: A happy occasion was the luncheon given by Miss E. MacPherson Dickson in honour of Miss Annie Wells (Class '13), when she passed through Toronto, en route to the International Congress of Nurses. Twenty-six graduates of the school, now on the staff, and two of Miss Wells' classmates were also guests. It was particularly pleasing to Miss Wells to be welcomed back to the School by the younger graduates after an absence of twenty years.

DISTRICT 6

LINDSAY: The nurses of the Ross Memorial Hospital held their annual picnic on July 5, at Port Bolster. The out-of-town graduates were invited to join us in an enjoyable swim and a delectable lunch. There were about twenty-five present and everyone enjoyed the outing.

Married: At a quiet ceremony performed in St. Andrew's Presbyterian Manse, Lindsay, on August 2, 1933, Anna Marguerite McNevean, daughter of Mr. and Mrs. T. B.

McNevean, of Omemee, became the bride of James Stuart Morrison, formerly of Montreal, and now of Lindsay. The Rev. J. C. Grier officiated.

DISTRICT 7

KINGSTON: Mrs. Parry Evans (formerly Maysel Lane), Miss Lillian Gill and Miss Annie Gibson, all Kingston General Hospital graduates, enjoyed a boat trip to the Gaspe Peninsula in June. Miss Viola Powell, (K.G.H.), who has been on the staff of the St. Cecilia Jeffrey School, at Kenora, Ontario, for the past two years, has been visiting old classmates in Kingston.

Miss Betty Houston (K.G.H.), who has been a patient in the Kingston General Hospital for the past two months, expects to return to her home in Carleton Place shortly. Her friends wish for her a complete restoration to health. Miss Anne Baillie, Superintendent of Nurses at the Kingston General Hospital, aided by members of her staff, conducted an emergency hospital at Lake Ontario Park on August 2, which was Hospitality Day in Kingston, thus bringing a number of visitors from outside points to the city.

SMITHS FALLS: District 7 is glad to welcome Miss Mary C. Bliss to its circle. Miss Bliss was appointed Superintendent of Nurses of the Smiths Falls Public Hospital on July 1, 1933. Miss Bliss is a graduate of the Royal Victoria Hospital and a post-graduate of McGill University, Montreal. She served overseas with No. 3 Canadian General Hospital and has been Superintendent of Nurses of the Soldiers' Memorial Hospital, Campbellton, N.B., and Superintendent of Nurses of the General Hospital, Guelph, Ont.

PRINCE EDWARD ISLAND

CHARLOTTETOWN: The opening of the new Prince Edward Hospital on July 4, 1933, was a gala occasion and attracted a large and representative gathering. This fine building is said to be the last word in modern hospital architecture and construction.

QUEBEC

MONTREAL: Miss A. S. Kinder, Superintendent of Nurses, Children's Memorial Hospital, has returned from a trip to Newfoundland. Miss H. Easterbrook and Miss H. Nuttall are sailing on the Ascania for the continent and will attend the I.C.N. congress.

Married: On June 8, 1933, at Halifax, Nova Scotia, Miss Marion Gertrude Ripley (C.M.H. 1931), to Mr. Gordon Arthur Hart.

QUEBEC: Owing to the hospital being in mourning, through the death of Mrs. J. T. Ross, wife of the President of the Board of

Governors of Jeffrey Hale's Hospital, the graduating exercises have been postponed until the autumn.

A very successful Pound Day was held recently at the Jeffrey Hale Hospital which was opened to visitors during the afternoon. A rummage sale was held recently in aid of the Sick Nurses' Benefit Fund. Miss C. E. Armour, Lady Superintendent, has left to spend her vacation at Bathurst. Mrs. E. Seale, night supervisor, has returned from her vacation. Miss E. H. McHarg, Operating Room Supervisor, and Miss G. H. Weary, Supervisor of the private floor, have left for Metis Beach where they will spend part of their vacation. Miss H. Riglar has returned from her home in Scotstown where she was called owing to the illness of her mother. Miss Hardy, who recently underwent an operation, is recovering.

SASKATCHEWAN

SWIFT CURRENT: The graduating exercises of the Training School for Nurses of the Swift Current General Hospital, were held on June 23, in the Metropolitan Church, when twelve nurses received their diplomas and pins. Following the exercises, the graduates and their friends were guests at a reception and dance given by the Hospital Ladies' Aid. With the transition to a graduate nursing staff at this hospital, this will be the last class to graduate.



OVERSEAS NURSING SISTER'S ASSOCIATION OF CANADA

WINNIPEG: The Winnipeg Branch of the Overseas Nursing Sisters Association held its tenth annual dinner meeting in June and elected Mrs. C. W. Davidson as president for the coming year. The other officers for the coming year are: Vice-President, Mrs. G. Ledger; Secretary-Treasurer, Mrs. S. G. Kerr; Social Convener, Mrs. J. F. Morrison; Sick Visitor, Miss T. O'Rourke; Memorial Convener, Miss E. Stewart; Membership Convener, Miss P. Paul; Press and Publicity Convener, Miss J. Roberts, Deer Lodge Hospital; Advisory Committee, Mrs. C. E. De Pencier, Mrs. E. W. Horton, and Miss S. Pollexfen.

Mrs. D. McLeod and Miss G. Billyard entertained recently in honour of Nursing Sister Nell Enright of the Royal Victoria Hospital, Montreal, Mrs. Ironside (Nursing Sister Swanson) of Calgary, and Nursing Sister Mary Dewar, of St. Anne's Hospital, Quebec, who were recent visitors in Winnipeg.

OBITUARY

ALLISON—On July 10, 1933, Miss Edith May Allison, Reg. N., Matron of the Colonel Belcher Military Hospital.

Miss Allison had been matron of this institution since her return from service overseas.

CALLAGHAN—On August 11, 1933, at the Ottawa General Hospital, Frances Malvina Callaghan, Reg. N., after an illness of eleven weeks.

Miss Callaghan was a valued member of the nursing staff of the Ottawa General

Hospital and is deeply mourned by her associates. After a period of repose at the Nurses Residence her body was taken to her home in Campbell's Bay for burial.

HAWKINS—On July 5, 1933, Edith Frances Hawkins, a member of the class of 1917 of the Connaught Training School for Nurses, Weston, Ontario.

Miss Hawkins was a member of the British College of Nursing, and at the time of her death was President of the Alumnae Association, and a valued member of the hospital staff.

... OFF...DUTY ...

Montreal is an interesting city . . . one of the greatest inland ports . . . in the whole world . . . we have no doubt about this . . . because we cover the water front these days . . . and meet travellers . . . fresh from the International Congress . . . full of tales of adventure . . . by land and sea . . . not to mention the customs . . . we can now estimate approximately . . . how many necklaces . . . and hand bags . . . and how much frivolous lingerie . . . quite respectable nurses . . . have concealed . . . in obscure corners . . . of their luggage . . . folded between pages . . . of reports and resolutions . . . duly moved and seconded . . . and passed unanimously . . . even by the Customs Officer . . . we do this by estimating . . . the depth of feminine guile . . . with which they spontaneously offer . . . the Customs inspector . . . two dollars and sixty-five cents duty . . . on the quilted bed-jacket . . . they bought in London . . . for dear old Aunt Maggie . . . who likes something sensible . . . this sort of thing is excusable . . . but what about that nurse . . . who cannot speak a word of French . . . but realizing that this was . . . the native tongue . . . of the gentleman . . . about to inspect her belongings . . . exclaimed in ecstasy . . . "What joy to hear French spoken . . . as it is in Paris" . . . this strikes us . . . as being extremely subtle . . . no French Canadian . . . not even a Customs Inspector . . . could resist such honeyed flattery . . . this business of meeting boats . . . is getting to be a habit . . . we are dreaming . . . of wearing a press badge . . . and pushing past the barrier . . . like our brothers . . . on the daily papers . . . we like to see the tugs . . . named Martha and Felicia . . . manoeuvring the proud Duchess . . . into position . . . reminds us of nurses . . . the tugs we mean . . . not the duchess . . . when the gang plank is lowered . . . the tugs cast off . . . quite nonchalantly . . . and go home . . . to listen for the telephone . . . and the next case . . . just like the nurses . . . it seems natural too . . . for a tug . . . or even a nurse . . . to be named Martha . . . both are cumbered . . . with much serving . . . of important people . . . like duchesses . . . and doctors . . . but they keep going . . . even in bad weather . . . we used to watch the tugs . . . on the East River . . . bucking a rip tide . . . and a head wind . . . with three heavy barges . . . lined up behind . . . they always made it, too . . . in spite of wind and weather . . . at night they used to carry . . . coloured lights at the masthead . . . like stars in their crown . . . to show how many barges . . . they were strong enough to handle . . . all by themselves . . . but we seem . . . to be getting too poetical . . . it is probably time . . . to find out just when . . . the next Duchess is due . . . and then go down . . . and cover the water front . . . and gather up some more . . . travellers' tales . . .

Official Directory

International Council of Nurses:

Secretary, Miss Christiane Reimann, 14 Quai des Eaux-Vives, Geneva, Switzerland.

CANADIAN NURSES' ASSOCIATION

Officers

Honorary President	Miss M. A. Snively, General Hospital, Toronto, Ont.
President	Miss F. H. M. Emory, University of Toronto, Toronto, Ont.
First Vice-President	Miss R. M. Simpson, Parliament Bldgs., Regina, Sask.
Second Vice-President	Miss G. M. Bennett, Ottawa Civic Hospital, Ottawa, Ont.
Honorary Secretary	Miss Nora Moore, City Hall, Room 309, Toronto, Ont.
Honorary Treasurer	Miss M. Murdoch, St. John General Hospital, Saint John, N.B.

COUNCILLORS AND OTHER MEMBERS OF EXECUTIVE COMMITTEE

Names preceding names indicate office held viz: (1) President, Provincial Nurses Association; (2) Chairman, Nursing Education Section; (3) Chairman, Public Health Section; (4) Chairman, Private Duty Section.

Alberta: (1) Miss F. Munroe, Royal Alexandra Hospital, Edmonton; (2) Miss J. Connal, General Hospital, Calgary; (3) Miss B. A. Emerson, 604 Civic Block, Edmonton; (4) Miss Phyllis Gilbert, 113 25th Ave. W., Calgary.

British Columbia: (1) Miss M. F. Gray, Dept. of Nursing, University of British Columbia, Vancouver; (3) Miss M. Duffield, 175 Broadway East, Vancouver; (2) Miss M. Mirfield, Beachcroft Nursing Home, Cook St., Victoria.

Manitoba: (1) Miss Jean Houston, Manitoba Sanatorium, Ninette; (2) Miss M. C. Macdonald, 668 Bannatyne Ave., Winnipeg; (3) Miss A. Laporte, St. Norbert; (4) Miss K. McCallum, 181 Enfield Crescent, Norwood.

New Brunswick: (1) Miss A. J. MacMaster, Moncton Hospital, Moncton; (2) Sister Corinne Kerr, Hotel Dieu Hospital, Campbellton; (3) Miss Ada Burns, Health Centre, Saint John; (4) Miss Mabel McMullen, St. Stephen.

Nova Scotia: (1) Miss Anne Slattery, Box 173, Windsor, (2) Miss Elizabeth O. R. Browne, 612 Dennis Bldg., Halifax; (3) Miss A. Edith Fenton, Dalhousie Health Clinic, Morris St., Halifax; (4) Miss Jean S. Trivett, 71 Cobourg Road, Halifax.

Executive Secretary: Miss Jean S. Wilson, National Office, 1411 Crescent St., Montreal, P.Q.

OFFICERS OF SECTIONS OF CANADIAN NURSES' ASSOCIATION

NURSING EDUCATION SECTION

CHAIRMAN: Miss G. M. Fairley, Vancouver General Hospital, Vancouver; **VICE-CHAIRMAN:** Miss M. F. Gray, University of British Columbia, Vancouver; **SECRETARY:** Miss E. F. Upton, Suite 221, 1396 St. Catherine St. West, Montreal; **TREASURER:** Miss M. Blanche Anderson, Ottawa Civic Hospital, Ottawa.

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Provincial Associations of Registered Nurses

ALBERTA

Alberta Association of Registered Nurses

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BRITISH COLUMBIA

Graduate Nurses' Association of British Columbia

President, M. F. Gray, 3629 W. 2nd Ave., Vancouver; First Vice-President, E. G. Breeze; Second Vice-President, G. Fairley; REGISTRAR, H. Randal, 516 Vancouver Block, Vancouver; Secretary, M. Kerr, 516 Vancouver Block, Vancouver; CONVENERS OF COMMITTEES: Public Health, M. Duffield, 175 Broadway E., Vancouver; Private Duty, M. Mirfield, 516 Vancouver Block, Vancouver; COUNCILLORS, M. P. Campbell, M. Dutton, L. McAllister, K. Sanderson.

MANITOBA

Manitoba Ass'n of Registered Nurses

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New Brunswick Association of Registered Nurses

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Registered Nurses Association of Nova Scotia

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Third Vice-President, Sister Anna Seton, Halifax; Recording Secretary, Mrs. Donald Gillis, 123 Vernon St., Halifax; Treasurer and Registrar, Miss L. F. Fraser, 10 Eastern Trust Bldg., Halifax.

ONTARIO

Registered Nurses Association of Ontario (Incorporated 1925)

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District 10, Registered Nurses Association of Ontario

Chairman: Mrs. F. M. Edwards; Vice-Chairman, Miss V. Lovelace; Secretary-Treasurer, Miss E. Stewardson, McKellar Hospital, Fort William; Councillors: Nurse Education, Miss B. Bell; Publication, Miss Robinson; Private Duty, Miss Elliott; Public Health, Miss Hamilton; Membership, Miss Chivers Wilson and Miss Flannigan.

QUEBEC

Association of Registered Nurses of the Province of Quebec (Incorporated 1920)

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SASKATCHEWAN

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Associations of Graduate Nurses

ALBERTA

Calgary Association of Graduate Nurses

Hon. President Dr. H. A. Gibson; President, Miss P. Gilbert; First Vice-President, Miss K. Lynn; Second Vice-President, Miss F. Shaw; Recording Secretary, Mrs. F. V. Kennedy; Corresponding Secretary, Miss K. Shore; Treasurer, Miss M. Watt; Convener Private Duty Section, Miss P. Gilbert; Registrar, Miss D. Mott, 2219 2nd St. W.

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President, Miss M. Hagerman; First Vice-President, Miss Gilchrist; Second Vice-President, Miss J. Jorgenson; Secretary, Miss May Reid, Nurses' Home; Treasurer, Miss F. Ireland, 1st St.; Medicine Hat; Committee Conveners: New Membership, Mrs. C. Wright; Flower, Mrs. M. Tobin; Private Duty Section, Mrs. Chas. Pickering; Correspondent, "The Canadian Nurse", Miss F. Smith. Regular meeting first Tuesday in month.

BRITISH COLUMBIA

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QUEBEC

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A.A., Galt Hospital

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A.A., Hamilton General Hospital

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A.A., Hotel Dieu, Kingston

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No. 10

RESEARCH IN NURSING

EILEEN C. FLANAGAN, Montreal

It is generally recognized that if knowledge is to be advanced or progress made in any profession, time, thought and energy must be devoted to the study of the special problems in that field, unhampered by the immediate tasks which have to be performed.

A Generous Gift

In medicine, wonderful strides have been made because there have been many qualified workers giving part or all of their time to research. In nursing there are few, if any, who can afford the time, nor are the resources usually available, for the study of special problems. The McGill School for Graduate Nurses was therefore both fortunate and proud to receive from Dr. Charles F. Martin, Dean of the Medical School of McGill University, a Fellowship to be used for a research project in nursing. This fellowship was awarded to Miss Eileen C. Flanagan, a graduate of the School, and a member of the teaching staff of the School of Nursing of the Royal Victoria Hospital, Montreal.

The Nature of the Project

A plan was outlined by Miss Bertha Harmer, Director of the

School for Graduate Nurses, for a study to be made in the medical wards of the Royal Victoria Hospital, and the hearty co-operation and interest of the School of Nursing of the Royal Victoria Hospital made it possible to carry this plan into effect. The specific aims of the study are to investigate:

The needs of the patients from the nursing standpoint.

The nursing knowledge and skill necessary to best meet these needs.

The best methods of teaching the students.

The administrative aspects of the nursing and educational programme.

The general aim is to insure a better understanding and nursing of patients, to build up the clinical courses of study, and to develop the best methods of clinical teaching.

The Organization of the Study

It was decided, for the purposes of the preliminary study, to use the general medical wards, male and female. Obviously the first thing to be done was to find out what types of patients, what diseases, what nursing procedures, nursing problems, and medical orders would

be met with in this service, and therefore the following investigations were carried on:

1. A list was prepared of all patients, and a classification was made according to sex, length of stay in hospital, type of disease, and ward turnover, daily, monthly, and yearly.

2. A daily, monthly and yearly list was prepared of all procedures in both men's and women's wards.

3. A comparison of types of diseases was made as between men and women, monthly and yearly.



DR. CHARLES F. MARTIN

4. Major routine procedures were timed.

5. Nursing hours (day and night) per patient, were estimated.

6. The average stay of nurses on wards was noted.

7. An analysis of one hundred case reports and charts was made.

8. The results of an experiment with group nursing were analyzed.

9. Experiments with various types of eight-hour day schedules were undertaken.

Method of Study.

The lists of patients admitted to the general medical wards were obtained for the whole of one year. The ward admission books were used for collecting this information, which also gave the length of

stay and the turn-over. The types of diseases were obtained from the case reports turned in when patients were discharged. The procedures were more difficult to obtain. These were collected by noting each order written in the ward order books, by going through the ward reports, and from the charts. This was done each morning and evening, for the period of one year on each ward. The comparison of types of diseases found on the men's and women's wards was made, at the end of the year, from the material assembled in the manner described above.

The timing of routine work and procedures was carried out partly by the investigator and partly by the head nurses and student nurses on the wards. The procedures selected for timing were the ones accounting for the greater part of the routine work on the wards. These were timed for a period of three months. Bed baths, admission of patients, meals, temperatures, medicines and doctor's rounds, were some of the items included. Sheets were posted weekly for the timing of procedures carried out by the student nurses, and it was found that by eliminating the first week, a fairly uniform result was obtained. The nursing hours were obtained from the "Time off Duty" slips. The duration of the nurses' stay on the wards was taken from the day book in the training school office.

The analysis of one hundred case reports and charts was done in order to find out what medication and treatment was ordered for the specific diseases; also to find out what these patients complained of, what the result of the treatment seemed to be, and if possible what difficulties, if any, were met with in each case. As far as possible the findings of the social service reports were added to these.

The experiment with group nursing was carried on for three months on the men's medical ward. The student nurses selected were in their third year. They were, at the same time, having their lectures in medicine and medical nursing. As complete a correlation as possible of classes, ward clinics, case studies and assignment of patients, was maintained.

ized in the hope of making it practically useful in the arrangement and content of the course in medicine and medical nursing. Some preliminary observations are here set down, but more time and thought must be spent on the material and a more complete analysis must be made before any definite findings are published.



MCGILL SCHOOL FOR GRADUATE NURSES

The eight-hour day schedules were worked out to suit a ward of thirty-one patients, having a staff of six student nurses on day duty, two on night duty, and one graduate nurse on day duty. Each nurse was given a day off-duty each week.

Present Status of Study

The above, then, is the material gathered together in the course of the two-year study, and at present this is being collected and organ-

Evaluation of Clinical Experience

The seasonal diseases, and the shorter length of stay of patients in the wards, owing partly to the increased demand for beds, and partly to quicker methods of investigation and more effective treatment, makes it evident that the student nurses' time on the medical wards must be very carefully planned if she is to get an adequate idea of nursing medical diseases.

Opportunity for Acquiring Skills

It was found that many procedures and treatments which have, in the past, been frequently ordered and carried out in the medical wards are now rarely ordered. It would seem that a survey of the other services will have to be carried out to see whether or not any of these procedures are being ordered with any frequency. If not, it would seem that more time for demonstration and practice in the classroom will be necessary if the nurses are to be really proficient in them. Some of these procedures, while not being used in hospital, are still widely used in private nursing in the community.

Relative Value of Services

The comparison of diseases was found to be according to generally accepted findings; the men's wards having many more gastric, neurological and pneumonia patients, while the women's wards had a larger number of thyroid patients. The other diseases were fairly uniform. This indicates, of course, that the student nurse's time must be arranged accordingly if she is to get an adequate idea of these diseases.

Pressure of Routine Work

It was found from the procedures and work timed on the wards, that, for a ward of thirty patients with a day staff of five student nurses, with one graduate, and a night staff of two student nurses, when all the routine work was carried out, there was practically no time left for emergencies or extra nursing of very sick patients. Each extra item had to be deducted from the minimum time allowed.

The Time Factor

The nursing hours per day and night per patient amounted to 2.1

hours. This was the total amount of time in 24 hours available for each patient. Each very ill patient, and any emergency, of course, cut down the time for the other patients.

Duration of Assignments

The average stay of the nurses on the wards was three and a half weeks, including the night nurses. This, of course, was not their total experience on these wards, as they are assigned two or three times during their course of three years.

The Nature of Treatment

The analysis of the hundred case reports and charts was very helpful in showing just exactly what medication and treatment was being ordered in relation to each specific disease, as against much that is traditionally taught in text books.

Experiment in Group Nursing

The group nursing experiment was very encouraging. The student nurses who took part in it were very enthusiastic and interested; the patients liked it and discussed it among themselves; the doctors thought it an ideal arrangement. The nurses who took part turned in excellent examination papers in medical nursing, good case studies, and from observation, their practical application was good.

It was found to take at least two more nurses on the ward, and to require more planning and supervision on the part of the head nurse and medical supervisor.

The Eight-hour Day

The eight-hour day schedules were found to require two more nurses on the ward, that is six. A

day off-duty each week was given each nurse, and the other days were arranged alternately in straight eight-hour shifts and in divided shifts. The nurses found the straight eight-hour day more fatiguing if kept up continuously.

Points of Especial Interest

Perhaps the most interesting fact brought to light was that there has been a great change in the nursing procedures one has been

the nurses to get much experience in convalescent care. The fact that so much of the time consumed in the newer investigations consists of the care and preparation of mechanical equipment means that the nurse has less time to actually be with the patient.

It may be that with quicker methods of investigation, and frequently the earlier application of specific treatments, the patients are not as ill and do not require as



THE ROYAL VICTORIA HOSPITAL, MONTREAL

taught to expect on the medical wards. This change was not only in the variety of procedures but also in the frequency of performance of many of them.

Hot and cold packs, cupping, abdominal paracentesis, and others were so rarely ordered that many nurses would never see them carried out at all. On the other hand, the administration of oxygen, CO₂, the preparation for lumbar punctures, pneumothorax, nasal feedings, metabolic and chemical tests of all kinds have increased enormously.

The fact that the patient's stay is shorter means that it is rare for

much nursing attention as formerly.

The main difficulty in the study was the timing of procedures. It would require a great deal more time than was available for the one investigator to accurately time all the work done. The head nurses and the student nurses helped a great deal in this part of the work. It was not thought necessary to adopt stop watch methods nor to time every item of the day's work, as this was not the prime motive of the study, but a very good idea of the time spent on the major procedures and routine work of the ward was obtained.

It would appear from the results so far observed, that the course in medical nursing and in medical teaching will need considerable thought spent on it in order to be sure that the nurses are receiving all the ward experience and practice in medical procedures that they should have. It may be that many procedures which are credited to the medical service may be found frequently ordered in other services. This will have to be ascertained and this factor taken into consideration.

Next Steps

When the study had reached this point it was felt that in order to present a true picture of the available material for teaching medical nursing, a similar study should be made of the medical out-patient department, of the special metabolism ward, and of the private ward material. It is hoped, during the coming year, to add this to the present study, and in the meantime the available findings will be used as far as possible in the arrangement of teaching medical nursing.

This, then, is a brief account of the investigations so far carried out. It is merely the ground work, and much remains to be done in evaluating and analysing the facts collected.

An Appreciation

The charming luncheon offered by the Canadian delegates to the International Congress, at the Hotel Cecilia, in Paris, on July 7, was a delightful reunion. The guests sat at round tables, an arrangement which always makes for informality. Miss Jean I. Gunn, Miss Emory,

Miss M. Lindeburgh, Miss Isabel MacIntosh and Miss A. E. Wells formed a bevy of hostesses who made us as welcome as could be. We realized the strength of the Canadian group, in service of the International. Everything was charmingly French—delicious food and perfect service. In such surroundings the time flits far too fast, and when we saw the President rise, and thus notify time was up, we all (reluctantly) obeyed the signal, and returned to duty at the Salle Pleyel like lambs!

The British Journal of Nursing.

The Medals

The gracious action of His Excellency the French Minister of Public Health in awarding medals to nurses who have rendered service of outstanding value is very much appreciated by the profession at large.

A complete list of those so distinguished follows:

Silver Medal

To Mrs. Bedford Fenwick, Founder of the International Council of Nurses, and promoter of Public Health.

To Dean Annie Goodrich, of Yale University School of Nursing, U.S.A., Hon. President of the I.C.N. Nursing Education.

To Miss Jean I. Gunn, Superintendent of Nurses, Toronto General Hospital, Canada, retiring second vice-president of the I.C.N.

To Mlle. Hellemans, President of the National Federation of Belgian Nurses (presented in Brussels).

To Miss E. M. Musson, Treasurer I.C.N., Chairman, General Nursing Council for England and Wales.

Bronze Medal

To Miss A. Lloyd Still, New President, I.C.N., Head of the Nightingale Training School for Nurses.

To Miss Take Hagiwara, President, the Nurses Association of Japan.

To Mlle. Mechelynck, Vice-President, National Federation of Belgian Nurses (presented in Belgium).

To Soeur Allard, of the Hôtel-Dieu, Montreal, Canadian delegate for the French Provinces.

UNIFORMS AND STEREOTYPED MINDS

H. B. ATLEE, M.D., Professor of Gynecology and Obstetrics, Dalhousie University,
Halifax, Nova Scotia.

Unless I am mistaken it was Florence Nightingale who first designed nurses' uniforms. We have a lot to thank that autocratic Victorian lady for, but surely the time has come when hospital authorities might with benefit cease being stereotype-minded in this regard and give the nurse a new esthetic deal. For certainly the uniform insisted on by many hospitals for their undergraduate nurses is long overdue in a museum. The time has arrived when these poor girls should be allowed to dress with some regard to utility and beauty. It is my thesis that nurses' uniforms, for the most part, as I have seen them in my travels, are designed for neither.

View them and weep—for loveliness encased in horror, for discomfort starched up to make a matron's holiday! There is exteriorly the puffy apron, and the starched, braced bib. There are the starched, awkward cuffs, without which no nurse dare appear on parade. There is the senseless cap, caught to the back of the head precariously—such as the housemaid wears, in pretentious homes, as a badge and sign of servitude. And beneath this, the dress, made of thick twill, and often of the color that grandmother used as ticking for her feather beds—a tight, ill-fitting, hideous garment that hides all comeliness and answers no utilitarian end. Against these I rail—as a pitying surgeon, as an esthete.

What purposes should a nurse's uniform serve? I agree that nurses should wear uniforms and that they should be designated in the wards, by virtue of their costume,

in such a fashion that none could mistake their calling. But beyond that, what functions should such uniforms serve? First of all, a nurse's uniform should be so designed as to be a help and not a hindrance in her work. It should be of a material that will show dirt at once and be easily laundered. It should have graceful lines and tend to improve rather than hide the natural figure.

Let us take these one by one: utility, cleanliness and beauty. Let us see what happens to the girl who wears the uniform here illustrated when she gets down to work.

Utility

Much of a nurse's work consists of cleaning. For that purpose her hands and forearms require to be bare. Wearing the present archaic uniform, a nurse must remove her cuffs, leave them lying somewhere about the hospital, unbutton several buttons and roll up her sleeves. If she is working in the operating room, she has to remove the cap, the apron and the bib, put on a gown over a twill horror beneath, and carefully wrap her hair in some sort of covering. In other words, whether in ward or operating room, the uniform has to be tampered with before a nurse can get down to business. Why not, then, design a uniform that requires no such manipulation? Why not a uniform with short sleeves to the elbow? Why stiff cuffs at all, and why a bib and apron that only seem to serve the purpose of keeping the twill horror clean?

Cleanliness

The material should show dirt at once and be easily laundered. That

means white. So whatever uniform is adopted it has got to be a white one. If it is going to be easily (which includes cheaply) laundered, it should be in one piece—not three, like the 1850 model of my illustration. It should be of fairly light material also. Its lines should be simple and moulded lightly to the figure and without frills or furbelows that will impede laundering, or aid the launderer in ruining it.

Beauty

It should follow the natural lines of the body, but not so closely that it is tight anywhere to discomfort. Surely if it has become necessary that automobile builders make their automobiles with graceful lines—a nurse might have a stream-lined, graceful tonneau. No one, searching his or her heart, will deny that one feels at one's best when one is conscious of looking attractive. This, I understand, is a very definite part of feminine psychology—it is in reality a part of all human psychology. How any nurse can feel her surest and best in the garments illustrated herewith I cannot imagine.

The Twill Horror

I have a few particular things to say about the twill horror that lies beneath bib and apron. The twill is thick. For the nurse working in hot summer weather, or in an operating room, it is an uncomfortable garment. Because it does not show the dirt, it can be worn a week without laundering, whereas a white uniform has to be changed at least every second day. And lastly, it is, in itself an abysmally horrible garment, comparable only to the mailed armour of the medieval knight and the khaki uniform the unhappy common soldier wore during the late war. It should be cast off into outer darkness. It was designed in an age that toler-

ated the bustle and the hoop-skirt, flannel nightgowns and red-flannel knickers. It belongs to the stage-coach era of human progress when you took your weekly bath in the wash-tub before the kitchen fire.

I have heard nurses rail against these uniforms, but why don't they do something about them? There are, of course, many things that nurses rail at—with reason very much on their side—and do nothing about. Why don't they start on the uniforms? I am aware that in some enlightened hospitals much has been done to ameliorate this nuisance, but in most of the hospitals I have worked in—more than a dozen—the archaic remnant still remains.

Those Caps

One of my constant delights is to view the strange headgear, so varying and diverse, which even graduate nurses employ, and which apparently they submit to for dear old Alma Mater's sake. You get the bird's wing sort of thing. You get all sorts of little blobs on the top-knot—hideous, monstrous, atrocious doo-dads that serve neither beauty nor purpose.

Why a cap anyway? Do internes or medical staff wear them? Do they keep a nurse's hair in place, or out of the patient's soup? None that I have seen do. They are plopped there on the unhappy nurse's head because Florence Nightingale thought a nurse ought to wear them. But Florence Nightingale is dead, and the century that bore her is dead, and this is another age. If there is a purpose in a cap let somebody state it and then build a cap that will fulfil that purpose. If there is no purpose, away with the useless relic.

As it Ought To Be

A nurse's uniform, I maintain, should be of light-weight white ma-

terial. It should be loose about the neck, and give lots of room so that in all her many and varied movements the wearer will not be hampered by it. It should have sleeves to the elbows only. It should hang gracefully on the figure and give the wearer the feeling that she looks well.

Footwear

I come now to the question of shoes, a most important matter. In fact, if there is one part of a nurse's outfit that should be most carefully and meticulously worked out it is her footwear. In one sense her feet are as important to her as her hands. Her hands are no good if her feet give out. But how many hospitals take this matter into serious consideration? For the most part it is left to the nurse herself to provide shoes, and as long as they are black—or white—it matters not how well they are made, or how well they fit. I believe that many older nurses suffer a handicap today because, when they were in training, they did not wear the right kind of shoes.

If you will look carefully at the feet in the illustration showing the rear-view of a nurse in archaic uniform you will see what I am driving at. That nurse is wearing bad shoes, and as a consequence her heels are turning over. I've seen dozens of nurses with such feet and shoes. Perhaps it is partly the result of bad posture. If so, do hospitals attempt to train nurses in posture—and is posture important to a nurse? It has long been my belief and conviction that hospital managements should not only train nurses how to stand and walk well and with the least effort, but that they should also insist that a certain grade of shoe be worn. I believe furthermore that where even this will not prevent the sort of thing that has occurred in the illus-

tration the nurse should be examined by the orthopedic surgeon on the staff and given proper advice and treatment.

The nurse may not even have been spoken to about her feet by the hospital management under which she serves. Why? If she appeared before the matron without her silly cap on, or without her stiff, starched, useless cuffs, she would get her head taken off. These things hospital managements, in their wisdom, regard as important;



DEFECTIVE POSTURE

feet they do not regard as important. Feet only support you—but cuffs and cap are your ticket to propriety, that Valhalla to which all nurses must bend their ways.

A New Freedom

There are, as I have intimated before, a great many archaic practices to which the unhappy nurse, and particularly the unhappy undergraduate nurse, must subscribe. Some of them are just as outworn, just as silly, as starched cuffs and cap. Isn't it time for nurses to

wake up to the fact that they are living in a freer, more modern age than that in which these practices were initiated? Isn't it time for them to do something about it?

And won't they please start the rebellion by flinging aside the unbeautiful, inutile garments that make a mock of their youth and add discomfort to their days?



The Annual Meeting in New Brunswick

The New Brunswick Association of Registered Nurses held its annual meeting in St. Stephen in September. The official report of its proceedings will be made by the proper authorities of the Association and no attempt will be made to anticipate it here. Nevertheless, having had the pleasure of attending the meeting as a guest, it may be in order to comment briefly on some outstanding features.

Attendance

The meeting was well attended and all parts of the Province were represented. There were delegates from the North Shore and from Fredericton, from Campbellton and Woodstock and Tracadie, as well as from Moncton and Saint John. All the main branches of nursing were there in force with the private duty nurses in the majority. It was a matter of general regret that, at the last moment, Miss Murdoch was prevented from attending.

Proceedings

It was stimulating to watch the businesslike manner in which the meetings were conducted. The president, Miss A. J. MacMaster, while encouraging complete freedom of discussion, guided it in such a manner as to make the points at issue clear, thus paving the way for wise decisions. The Secretary-Treasurer-Registrar, Miss Maude Retallick, discharged her triple functions with the poise and efficiency which are characteristic of her. The Honorary Secretary, the Reverend Sister Kenny, neatly dovetailed the proceedings of one session into those of the next by means of comprehensive minutes. She did not reveal how she got time to prepare them, but there they were. There were no loose ends. The nursing group in New Brunswick is well integrated and ably led. They know the way and hold to it.

The Programme

Progress reports were presented on behalf of the Provincial Joint Study Committee and of the Provincial Curriculum

Committee. Miss Retallick gave a vivid and amusing picture of the International Congress. The report of the nursing education section, presented by the Reverend Sister Kerr, was a model of lucidity and common sense. Miss Ada Burns gave a clear and interesting account of the activities of the public health section and Miss Mabel McMullen ably presented the problems of the private duty group.

The Chapters

The reports from the various chapters had a local colour all their own. The problems of the North Shore are different from those of Saint John. St. Stephen has ideas of its own, too, and so has Fredericton, and so on, all over the province. This is all to the good and makes for real understanding and unity.

The Journal

For some time past *The Canadian Nurse* has been well served by its representatives in New Brunswick. Miss Kathleen Lawson has been untiring in her efforts to increase circulation and to obtain articles for publication. It is a pleasure to know that for the future she is to share her load with regional committees.

Hospitality

Perhaps the happiest and most profitable feature of these proceedings is the opportunity afforded for informal social contacts. Under the capable leadership of Miss McMullen, the Saint Stephen Chapter did itself proud. Community singing was freely indulged in at the banquet, and the Alumnae Association of Saint John General Hospital, without any warning whatever, gave its official war-whoop with electrifying effect. A delightful occasion took place at the Chipman Memorial Hospital when Miss Grace Moffat entertained the visiting nurses at luncheon.

There are a few things to be said from a personal standpoint but we are saying them in *Off Duty* because, for some mysterious reason, it seems easier to say them there.

HONOUR WHERE HONOUR IS DUE

JEAN I. GUNN, Superintendent of Nurses, The Toronto General Hospital.

It is perhaps all too seldom that those who give of themselves in the service of others receive the recognition they so richly deserve. It is therefore inspiring when public recognition of distinguished service is given—and to one of our number as highly regarded as Miss Eunice H. Dyke. To the nurses of Canada Miss Dyke is well known, and for this reason all will be interested in hearing that she has had some outstanding honours paid her during the past few months.

Miss Dyke's work in the field of public health nursing has in itself been a very great contribution to the development of public health, not only in Toronto but in Canada as a whole, and in many other countries. She began her professional work with a particularly good preparation, having graduated from Normal School and having had a few years of teaching experience before entering the School of Nursing of Johns Hopkins Hospital to train as a nurse. Miss Dyke graduated in 1909, and did private duty nursing until 1911, when she was appointed to the Department of Public Health of the City of Toronto to do the necessary follow-up work with patients under care for the treatment of tuberculosis.

This was the beginning of the Public Health Nursing Service in Toronto, of which Miss Dyke was director until the autumn of 1932. To record the development of this service, the gradual increase in nursing staff, the additional responsibilities assigned to the Nursing Division, the success attained in all the many branches of public health, is not the object of this brief article. It is sufficient to say that the success and prestige en-

joyed by the Department of Public Health of Toronto has been secured by the co-operation of all departments, and that the Department of Nursing, thanks to Miss Dyke's vision and able direction, made a very outstanding and valuable contribution.



MISS EUNICE H. DYKE

Although Miss Dyke's work demanded intensive and constant attention, she found time to contribute very generously to nursing education. She endeavoured to see that her staff had every opportunity for improving and increasing their knowledge and ability by post-graduate study, and from

1915 to 1916 she herself took special work with the Visiting Nursing Association of Boston and the Simmons College School of Social Work.

The successful development of the nursing courses in the University of Toronto has been brought about largely through the co-operation of the Department of Public Health. These courses have enrolled students from all the Provinces of Canada and many of the countries of Central Europe. The field-work in public health nursing, organized and carried out under Miss Dyke's direction, has been an invaluable help in the steady growth and development of public health nursing. Her interest extended beyond the graduate nurse back into the schools of nursing, where the nurses of the future were receiving their preparation for their work. Ever since 1917, the student nurses enrolled in the training schools in Toronto have had instruction and practical field-work in public health. This experience has been planned and supervised by the nursing staff of the Department of Nursing of the University of Toronto and the Department of Public Health.

Miss Dyke's extensive knowledge and experience in public health nursing were called upon to serve in a much broader field when the League of Red Cross Societies requested the Department of Health to make it possible for her to go to the League Headquarters in Paris, in an advisory capacity, concerning the development of their nursing programme. She spent several months in 1923 and 1924 in this special work in Europe.

An honour that has been given very few, and is therefore unique, was shown Miss Dyke on May 5, 1933, when the citizens of Toronto paid her the tribute of a public re-

ception at the Royal York Hotel. At this time Miss Dyke had completed twenty-one years of public service, and over one thousand of her fellow citizens gathered to demonstrate their high regard for the services she had given. The chairman was Lady Falconer, who besides presiding as chairman, presented Miss Dyke with a beautiful bouquet and a very substantial cheque as a tangible expression of the spirit of the gathering. The Honourable and Reverend H. J. Cody, President of the University of Toronto, gave the main address, speaking for the community as a whole. Dr. Minerva Reid spoke of Miss Dyke's record from the standpoint of the medical profession, and Miss Fleming, President of the Toronto Branch of the Canadian Association of Social Workers, expressed the appreciation of that profession. In Miss Dyke's reply to the many honours shown her, she voiced her desire to share the credit for anything she had been able to do in the past twenty-one years with all those who had worked with her.

And now in the Fall of 1933 another form of recognition has come to Miss Dyke. The International Health Division of the Rockefeller Foundation has offered her a fellowship by means of which she will have an opportunity to make a special study of the work in which she is most interested. This study will take her to many countries and give her a wonderful opportunity for observing and studying public health nursing programmes in the countries she is to visit. Miss Dyke has given to others over such a long period of time, that we rejoice that she will now have the opportunity of reversing this practice and, for a time at least, become the one who enjoys receiving the interest and assistance of others in her chosen field of work.

THE N.R.A. AND NURSING

Courtesy of the American Nurses Association.

The Board of Directors of the American Nurses Association, at its regular meeting held in New York on August 25-26, 1933, voted to issue the following statement relative to the National Recovery Act and its implications for the nursing profession.

The Application of the National Recovery Act to The Nursing Profession

Successive communications from the office of the National Recovery Administrator in response to inquiries from the American Nurses Association have brought out the following points with reference to:

1. *Nurses.*—The President's Reemployment Agreement, otherwise known as the Blanket Code, does not apply to nurses, as illustrated in the following quotation from the "President's Reemployment Agreement": "... shall not apply to professional persons employed in their profession".

2. *Hospitals.*—All hospital employees have been exempt from code provisions; however, hospitals, public health nursing agencies, and any other group may sign the President's Reemployment Agreement in co-operation with the National Recovery Act. This agreement applies to the non-professional group employed by these agencies.

3. *Nurses Registries.*—From legal interpretation of the Blanket Code, it does not appear that agencies placing nurses could bring the nurses so placed under code provisions, since these nurses would be acting in a professional capacity, and would be employed by the patient. The business office of the registry might be included in the Blanket Code. This would include the non-professional staff in the registry office.

Implications of the National Recovery Act for the Nursing Profession

In view of the above interpretations, the Board of Directors of the American Nurses Association pre-

sents certain principles to be used for the guidance of local groups. These principles are as follows:

1. In making available the most effective type of nursing service, primary consideration of the patient, whether in the hospital or in the home, is an accepted principle.

2. No plan for economic recovery in this country will be complete without taking into consideration the matter of the thousands of graduate registered nurses who are unemployed at the present time, due to overproduction, unequal distribution, and the general strained economic conditions prevailing.

Because of the highly developed technical skill required in modern nursing, the service of the nurse is necessarily of a professional character; yet because of her practical relation to the public in terms of hours, days and weeks, this service must be dealt with from an economic standpoint, and so becomes involved in general problems of production and consumption.

3. An arbitrary limitation of hours controlled by law violates the whole spirit of nursing, as the comfort of the patient is the nurse's first consideration. Again, no nurse could be expected to hold to a specific hour schedule when engaged in emergency or disaster relief. However, an attempt should be made to approach reasonable working conditions by encouraging, where possible, in the interest of the patient as well as the nurse, an eight-hour day for those employed on a daily basis, and a forty-eight hour week for those employed on a weekly or monthly schedule. It is undoubtedly desirable to shorten the hours of duty so that the individual nurse may have a reasonable working day and also that there may be a spreading of work.

4. It is urged that local communities be assisted in developing an understanding on the part of the public of the service rendered by all types of nurses. It is important, too, that they realize the need for keeping the salaries of the nurses above subsistence levels so that psychologically as well as physically they will be able to give the service which the patients need.

5. Recommendation formulated before the passing of the National Recovery

Act: "In the interest of good nursing, we believe that nurses in caring for acutely ill patients should not be expected to work more than eight hours out of twenty-four. This service is to be arranged wherever and whenever possible without added expense to the patient. The community is to be informed that it has an opportunity which it has never had before to secure nursing service on this basis. We urge State and District Associations to bear this in mind and make every effort to secure the adoption of such a plan by those who employ nurses". This recommendation may be accepted by the Board of Directors, American Nurses Association, at its regular meeting on August 25, 1933.

6. The American Nurses Association has the assurance of the National Recovery Administration that representatives of the Board of Directors of the American Nurses Association may be present and may participate in any hearings which involve nurses or nursing.

7. It was voted that the widest possible circulation of this statement was not only necessary, but urgent.



A Good Idea

*Courtesy of the Bulletin of the
American Nurses Association.*

Easton Hospital, Easton, Pa., has, for the third consecutive year, arranged an institute for graduate nurses. The superintendent of nurses and her staff plan the program, and all the graduate nurses in Easton and the neighboring towns are invited. The hospital furnishes the supper without charge.

The institute is planned for one afternoon and evening, says New York State's *Quarterly News*. The program acquaints the nurses with new developments in medical and surgical nursing, refreshes their knowledge on established techniques, and brings about better co-operation between the various services. The result is improved care for the sick of the community. This hospital has recently discontinued its school.

The Nursing Pioneers

A charming feature of the recent International Congress was the procession of Pioneers in Nursing. The impersonations were all excellent but, with full allowance for local pride, *Jeanne Mance*, as portrayed by Miss Isabel MacIntosh, may justly be claimed to have been one of the most gracious and dignified of all. A complete list of the dramatic personae follows, in order of their appearance on the stage at the Trocadero:

Norway—A nurse who was also a physician (1000 A.D.) represented by Marit Berg-Domos.

France—A nun from the Augustines de l'Hôtel-Dieu (Order founded XIII century by Saint Laundry in "Lutece", Paris). Represented by a nun from the Order.

Czechoslovakia—Holy Agnes of Bohemia. Represented by Miss Mankova.

Canada—Jeanne Mance. Represented by Miss I. M. MacIntosh.

Switzerland—Madame de Gasparin (Founder of La Source, first Foundation (1859) for Nursing Education).

Great Britain—Florence Nightingale. Represented by Miss D. Bridges, of the Nightingale Training School for Nurses, St. Thomas's Hospital, London.

United States of America—Linda Richards (first American trained nurse). Represented by Miss Mary M. Roberts.

New Zealand—Grace Neill. Represented by F. Timlan.

Denmark—Henny Tscherning. Represented by Ellen Margræthe Koefoed.

South Africa—Sister Henrietta of Kimberley. Represented by D. Ackerman.

China—Pioneer Nurse (1890). Represented by Sun Chin Feng.

Holland—Anna Reynvaan. Represented by A. Shippers.

Austria—Rudolfinerin. Represented by Schwester Lippert.

Philippines—Pioneer Nurse (1910). Represented by Socorro Salamanca Diaz.

India—(1) The Indian Village Midwife. Represented by E. A. Watts; and (2) the woman she is trying to supersede; the indigenous dai. Represented by Budan Jhanda Singh.



The Editor's Desk

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A Friendly Critic

Every now and then we like to accept what the children call "a dare." The publication of Dr. H. B. Atlee's diatribe (his own word) regarding *Uniforms and stereotype minds* is one of these occasions. Dr. Atlee dared us to publish it. So we did. We shall be very much disappointed (and so perhaps will Dr. Atlee) if this deliberately provocative article does not draw fire.

Dr. Atlee's avocation is journalism. He is not only Professor of Obstetrics and Gynecology in Dalhousie University, but, under the thin disguise of the pen name of Bengé Atlee, writes delightful articles for several Canadian periodicals. One of these, entitled *A conversation with Asklepios*, is a witty and pungent criticism of certain economic aspects of medical practice. Another article put the searching question *Are Women Sheep?* and neatly satirized some feminine foibles in dress. Now it is our turn, and especially is it the turn of those who are, or have been, superintendents of nurses and are therefore suspected of being stereotype-minded.

The Matron

Dr. Atlee is quite severe upon this much misunderstood functionary. We warned him that we too bore the scars of ten years of being a matron and that we intend to

take up the cudgels on her behalf. Is she always stereotype-minded? Is she inevitably the oppressor of the young and lovely? Could she, if she would, by a wave of her wand, cure most of the ills to which nursing is a prey? We pause for a reply. The more of them the merrier. We are reserving our own fire, for the moment, until we find out how crowded the *Letters to the Editor* page is going to be next month.

Is Dr. Atlee Right?

From a purely personal point of view it seems to us that Dr. Atlee has both truth and common sense on his side in what he says about the uniforms now being worn in some hospitals. While there has been a great deal of improvement in the last few years there is room for more. The strangling high clerical collar which blighted our young existence is happily a thing of the past. A few schools have adopted the sensible elbow sleeve. Aprons are sometimes well-cut, practical, and becoming, though it must be admitted that frequently they are not.

The Twill Horror

Even the "twill horror" has extenuating features of its own with which Dr. Atlee could not be expected to be familiar. The use of colour in uniforms was partly due to the rather natural desire of each

school to have something distinctive and individual about the uniform of its students. The necessity for economy in laundry costs was not the only motive which prompted its use.

It is possible, though not easy, to get cotton prints which frequent laundering does not spoil. It may even be timidly suggested that the colour may, and sometimes does, have a certain esthetic value, and is in refreshing contrast to the dead-white garb worn by the staff in beauty parlours, barber shops and cafeterias. It must be admitted, however, that the handling of many separate pieces in the laundry, which is necessitated by the use of aprons and bibs, is open to criticism on the score of expense.

Those Caps

Dr. Atlee's criticism of the sort of caps nurses wear in Canada is only too well deserved. We are the laughing stock of nurse visitors from England and the Continent. Either the cap should fulfil some useful function or it should have such esthetic and symbolic value that its use is justified. As it is worn by most nurses today it is neither beautiful nor useful. Surely it is possible to design a cap which is a becoming frame for the face and helps to keep the hair smooth and in order.

And Those Shoes

There is not a superintendent of nurses in the country who would not welcome reform in footgear. The absurd spectacle of nurses in uniform teetering about in high-heeled pumps makes one question whether the women who wear them while on duty have any sense of the fitness of things. Special nurses are common offenders in this regard, though staff nurses are not always guiltless of this breach of good taste.

It is possible, however, to go to the other extreme, and to insist on heavy and ugly footwear which is neither comfortable nor hygienic. A measure of uniformity in style and colour is of course necessary, but it should be possible to modify regulations a little to suit the individual concerned. That a great deal of discomfort and fatigue is directly traceable to wearing unsuitable shoes is unquestionably true. Unfortunately the ridiculous fashions of recent years have made it difficult to obtain shoes which are both comfortable and attractive in appearance. Nurses might create a demand, and lead a new fashion.

What Should the Uniform Be?

Dr. Atlee tells us that the uniform should be designed for comfort, utility and beauty. He also suggests that it has a symbolic value in that it designates us as nurses. It serves as a protection, too. There are parts of London, and of New York, and of other great cities, which are admittedly dangerous for unescorted women. The passport of the visiting nurse is her uniform. She goes about her business unmolested. We ought to be proud of that immunity.

But we must make up our minds. Either we are wearing uniform or we are not. A soldier does not appear on parade in dancing shoes or with his cap at a rakish angle. Neither should a nurse. They are both on duty, and should look as though they were. There seems no good reason why a nurse should not follow the prevailing fashion when she is off duty. There is no particular virtue in frumpishness. Yet even here there are some limitations. Any woman possessing good taste need not be told what they are.

Authority and the Uniform

Up to a certain point, the dress of nurses on duty must be subject to regulation by authority. There will always be the thoughtless few who fail to realize the true significance of a nurse's garb. But there are far more who might be persuaded by other means. The student's council, for instance, might well take the matter in hand.

The nurse's uniform has been cheapened by persons who have no right to wear it. Great ladies have masqueraded in it. Demonstrators of various commercial products have sometimes made it ridiculous if not obnoxious. Worst of all, we have not always respected it ourselves.

Who will take the initiative? We darkly suspect that this task, like so many others, will be laid on the shoulders of that much-abused person, the stereotype-minded Martha of the nursing profession.

Disliked—but Indispensable

As everybody south of the forty-ninth parallel knows, the magic initials N.R.A. stand for the words National Recovery Act—the name of the tremendous enterprise inaugurated in the United States of America by President Franklin D.

Roosevelt. Under the provisions of this Act, hours of work in many industries and trades are being made subject to regulation and curtailment. On another page, thanks to the courtesy of the American Nurses Association, the *Journal* is privileged to publish the principles laid down by that Association with reference to the nursing implications of the Act.

The New Yorker, in commenting on current events in its usual debonair fashion, supplies a delightful footnote respecting the groups exempted from the provisions of the Act. Needless to say the italics are ours:

"Hollowest of all our many victories in life is our exemption under the N.R.A. rule. As a 'member of an editorial staff' we are allowed to go right on working hour after hour, day after day, world without end, *along with internes, nurses, and other indispensable and generally disliked characters*".

The limitation of the hours of labour for editors seems about as remote as the eight-hour day for nurses. However, it is a source of personal satisfaction to learn on such high authority that editors, like nurses and internes, are at least necessary evils.



Faith is an act of self-consecration, in which the will, the intellect, and the affections all have their place. It is the resolve to live as if certain things were true, in the confident assurance that they are true, and that we shall one day find out for ourselves that they are true.—Dean Inge.

Letters to the Editor

1 1 1

The Irishman and the Medals

After having passed through a thrilling experience to-day I feel that there will be many readers of our *Journal* who will enjoy hearing about it.

When I returned from my vacation I discovered that a burglar had been into my apartment and helped himself to many of my worldly possessions, including my war medals and decorations. I lost no time in soliciting the assistance of our police and detective forces in the hope of recovering my medals, and here's where to-day's thrill comes in—a street sweeper walked into my office with them a few moments ago, having found them in a sewer. His story (delightfully Irish) told of how "I pulled up a spadeful of the rubbish, ye know Miss, when, glory be, I seen these beautiful medals and ribbons, all covered with mud, and I sez, sez I, God love us, but some poor soldier has lost his medals, he has, and I puts thim into me pocket, and when I went home, showed thim to me missus, she washing thim, says, 'Soldier is it?' sez she, 'tis a nursing-sister who has lost these medals, and we must find her.' "Well, Miss," said he, holding his cap in his hand, "I did not have the honour to have gone to the war, but I sure am glad that I found these fer ye, and here they are."

If there is another Nursing Sister in Canada who has lost her medals and

found them again, she will understand how I feel and why I wanted to tell my story.

E. FRANCES UPTON,

Reg. N., Montreal.

From the New Frontier

I appreciate *The Canadian Nurse* very much and now am re-reading the last two years' copies. I am located fifty-five miles from a doctor or a hospital in an outlying district in the Peace River block, so enjoy reading all of the articles.

E. C. DAVIDSON,

Worsley, Alta.

From Our First Editor

I have just read *The Canadian Nurse* for September and once more admire its punctuality, and far more the steady progress of the magazine in interest and in every way, including the advertisements.

Travellers' tales are always of great interest and there is a grace and lightness about the expression and arrangement of these tales in this number that I admire very much. I think the picture of Miss Gunn and all the other illustrations are excellent.

HELEN MACMURCHY, M.D.,

Chief, Division of Child Welfare.



There is no limit to what a man may achieve provided that he does not care a straw who gets the credit for it.—Mr. H. Ramsbotham, M.P.

Department of Nursing Education

CONVENER OF PUBLICATIONS: Miss Mildred Reid, Winnipeg General Hospital, Winnipeg, Man.

GRADING THE WORK OF THE STUDENT NURSE

MARGARET S. FRASER, Reg. N., Formerly Instructor of Nurses,
Winnipeg General Hospital.

One of the most difficult problems for those concerned with the training of student nurses is that of grading their work, both theoretical and practical. This problem must be considered from four different angles, namely that of the student herself, that of the training school and hospital, that of the nursing profession and that of the public, that is the community which the nurse will serve following her graduation.

From the standpoint of the student it is evident that fairness and the greatest possible amount of accuracy is essential. She must be given credit for the ability and qualifications which she possesses, but if she is lacking in ability and necessary qualifications she should, in fairness to herself, be advised to adopt another type of work. The feeling of being a misfit, of disqualification, would eventually cause her the greatest unhappiness. On the other hand, fairness and accuracy in grading will encourage and motivate the student with ability to greater and more sustained endeavour.

From the standpoint of the training school,—the reputation of the school rests largely with the type of nurse graduated from it, and the better this reputation is, the higher will be the type of young woman attracted to it. Then too, the reputation of the hospital from the nursing standpoint rests with the individual graduates and under-

graduates who make up its personnel, and it would obviously be detrimental to both training school and hospital if low standards and careless grading invited a poor type of work from the students.

The report of the first grading made of the training schools in the United States by the Committee on the Grading of Nursing Schools begins with this statement: *The committee is convinced that the two most important elements in any school are the student material and the faculty.* If because of undue consideration for the feelings of the individual student, those responsible for her nursing education grade her work higher than it deserves and she is allowed to graduate, the reputation of the profession as a whole is bound to suffer as a result of her disqualification.

The public as a whole is gradually learning to expect more and more of the graduate nurse and she is to an increasing degree taking an important place in all community health programmes. It is therefore most important that she be carefully selected and educated, one important phase of her education being the grading, that is the measurement of the work done by her.

There are several reasons for the difficulty encountered in grading the work of the student nurse. Nursing education is just emerging

from the apprenticeship system and as yet there is great lack of uniformity in the different schools, each one being a law unto itself. The Director of the *Survey* makes the following statement:

Grading systems adopted by different training schools naturally show wide variability, and the same observation applies to records of instruction and the summaries of student achievement in theoretical and practical work.

This lack of uniformity is seen not only between different schools but even within individual schools. This is due largely to lack of training in modern educational methods among those responsible for the teaching and grading of the practical ward work of the students.

The grading of the work of the preliminary student must first be considered. It may be supposed that she has been selected with the greatest amount of care and consideration, judged on reports of physical and moral qualifications and on records of high school work, which should be as complete and detailed as it is possible to get them. Regarding this point the *Survey* makes the following statement:

For comparative and professional purposes, however more authentic and specific data than are now ordinarily available regarding the academic credits of the average candidate who has not completed junior matriculation or its equivalent, appear highly desirable. Until a uniform minimum standard for admission to approved training schools such as junior matriculation, nursing matriculation, or high school graduation has been adopted, training school authorities cannot be too vigilant in examining the educational records of applicants.

In some schools psychological tests are already being applied to nurses in training and an account of such tests is described in the *American Journal of Nursing* for

February, 1929*, which includes the following statement:

Any criterion that is distinctly better than a mere guess in predicting which students are likely to be accepted for training beyond the probation period, and which are not, is of distinct value. The earlier in the process that such predictions can be made, the better. It was not altogether surprising to find that for the group of probationers being studied, psychological test scores apparently possessed very remarkable significance which was found to operate not simply in indicating very probable success, but also very probable failure.

In the pages of the *Survey* a personal rating scale is suggested which experience in the work of intelligence testing shows to be applicable to the student nurse.

The actual work of the preliminary student must necessarily be judged from a somewhat different angle than that of the student who has already been accepted into the school. It is judged by her instructors and on her classroom accomplishment to a much greater extent than is the work of students who are on the wards many more hours of the day and who are therefore judged by head nurses and ward supervisors. More general headings, leaving scope for personal notes and opinions by those grading the work, seem preferable for the report forms of preliminary students. Such headings as personality, good points, weak points, professional fitness, remarks, are, without more detailed sub-headings sufficient, but if more explicit information is desired the personal rating scale already referred to could be adapted for use. It is well worthwhile for instructors to take every opportunity to learn to know the students better, outside of the rather artificial situation of the classroom, to join them in parties, picnics or tramps, for in these more natural and unrestricted situations, unsuspected qualities of leadership and initiative are quite fre-

* MacPhail, A. H., "Psychological Tests Applied to Nurses in the Rhode Island Hospital", in "American Journal of Nursing", February, 1929.

quently evident. Personal interviews with frank discussions regarding the students' work and difficulties are also necessary, and the instructor will find it a great help when writing her reports of the students at the end of their preliminary term, if she has during that period, kept on small cards, a separate one for each student, brief notes regarding her, particularly with respect to her personality.

In grading theoretical work the same principles are applicable to both preliminary and advanced students. Education has been defined as an attempt to produce definite changes in individuals, and the success of a teacher or of an educational system is proportional to the extent to which these changes are brought about. Intelligent teaching requires that the teacher know the extent to which such changes have been produced, which in turn, requires some kind of a measurement, though it is also true that results which can be measured and tabulated are not the only ones of importance.

An article which appeared in a recent number of a Canadian magazine has this criticism of modern educational methods: *It is we who are demanding results that we can tabulate, not results that will serve the pupil well in life.* The Director of the *Survey* states the problem thus: *Unless education leads to appropriate conduct in life situations, it can be only partially effective.* It has, however, long been the practice for teachers to give examinations to determine the extent of the progress of pupils in the course of study, and promotions are based largely on the results of these examinations. Nevertheless examinations have another purpose as well as that of measure-

ment, namely that of motivation. One writer states that observation and experimental study have shown that examinations serve to motivate pupils to make more careful daily preparation and to organize the course material into related units for proper assimilation and recall.

Two main types of written examinations are used, namely the traditional or essay type and the "New content" or * "Objective" type. A test is said to be objective if different persons who mark the same examination paper give it the same score,—the subjective element thus being eliminated. The strongest argument against the use of the essay type is their unreliability. In the words of the *Survey*:

The fact is that standards of marking the traditional or essay type of examination show wide variations not only among different examiners but also in the case of the same examiner who remarks the same set of papers at a sufficiently lengthy interval of time.

To prove this statement the Director conducted some experiments which are described in Chapter sixteen and further proof is also given by T. L. Torgerson who does, however, also list a number of advantages of the essay type as follows:

Useful as a measure of attitudes.

Useful in securing a measure of organized and connected discussion.

Useful in measuring the students' ability to apply principles.

Wide applicability.

Guessing is reduced to a minimum.

Another writer, an educationist, suggests that papers of a general nature might be required as part of a course, with the understanding that they are to aid in organizing and fixing in mind the material, but not to be graded. This type of test is, however, far from being abandoned even by leaders in education and the *Survey* does not suggest that they should be entirely discarded.

* Torgerson, T. L., "Objective Methods in Classroom Tests", "American Journal of Nursing", July, 1930.

The new content type of examination is the result of endeavours to devise an examination which possesses greater validity and reliability than the essay type. An examination is considered a good one when it measures what it is supposed to measure and does it accurately. Each course should have certain definite objectives, and examinations should be so constructed as to measure the extent to which these objectives have been obtained. The reliability of an examination is determined largely by the number and distribution of the questions. The larger the number of questions and the more carefully and evenly they are distributed over the material of the course, the more accurate will be the result. It is usually impossible to test all the knowledge a student has on any subject but the examination should provide for as large a sample of it as is practicable. The main advantages of this type are therefore their high validity and reliability and their value in pre-testing and diagnostic testing. Their disadvantages are listed as follows:

Tendency to become highly factual.

Danger of over-emphasizing memory questions.

Difficult to prepare.

Limited use in some subjects.

No chance for student self-expression.

The fact that these examinations in order to be reliable must be long, adds to the difficulty of their preparation. A suggestion that will be a help in this respect is for the teacher to make a list of questions as she is preparing her class-work, continually adding to this list. Then the preparation of the examination will simply be a matter of choosing certain questions from this list. Another difficulty that may arise in some schools is that of having copies of the questions made so that each student shall have one. Lacking a mimeograph,

use can be made of hectograph jelly to make duplicate copies.

In regard to the method of rating examinations there is extreme variability, even at times between that of the various instructors in the same school. The two methods most commonly used are percentages and letters, that is a three, four or five point scale as the case may be. Frequently when the latter method is used, the letters must be transposed into percentages to be entered on the students' permanent records. In some schools the passing mark adopted is 75 per cent. the reason being, no doubt, an attempt to raise the standard of work. The *Survey* points out that where this is done a "fair" student is probably considered worthy of a pass and awarded 75 per cent., while a good student might be given 85 per cent. or 90 per cent., and an excellent one could not possibly exceed the latter by more than 10 per cent, or the fair student by more than 25 per cent, while the paper of the excellent student might easily be worth more than double that of the fair one.

In Appendix IV of the *Survey* there is a discussion, with an example, of a scientific grading method, but it is suggested that until more reliable methods of evaluation are available a rating scale such as that given on page 433, with 50 per cent. as the passing mark, might be adopted, which would result in greater uniformity.

The grading of the practical work of the students on the wards presents a more difficult problem even than that of grading the theoretical work. This depends almost entirely on subjective evaluations of head nurses, supervisors and instructors, which, it is pointed out, are notoriously conditioned by fluctuations of judgment and variability of standards. Usually the

head nurse is called upon to give monthly reports on the students on her ward under headings somewhat as follows:

Personality

Acceptability to patients.
Adaptability.
Courtesy.
Dignity.
Enthusiasm.
Imagination.
Industry.
Personal neatness.
Sense of humour.
Sympathy.
Sincerity.
Even temper.

Professional Fitness

Accuracy.
Conscientiousness.
Acceptance of criticism.
Executive ability.
Initiative.
Interest in work.
Loyalty.
Memory.
Neatness in work.
Observation.
Professional attitude.
Punctuality.
Reliability.
Tactfulness.
Economy of time.
Economy of materials.
Mastery of principles.

It is obvious that some of these intangible qualities of personality and professional fitness cannot be measured accurately even by the most conscientious head nurse, and it is not surprising that she finds the writing of these reports the most trying duty she is called upon to perform. Too often she is prejudiced either favourably or unfavourably by the opinions of other head nurses or by some incident or other factor.

A few years ago a study of a group of 212 student nurses in seven large hospitals in New York city was undertaken, certain personality and character traits, such as conscientiousness, self-control and tactfulness being rated by a few nursing executives and super-

visors in those hospitals. A seven point letter rating was given for each quality and it was found that the subjective aspect of the study was especially open to criticism for the following reasons:

The judges tended not to use the entire scale from A to D.

There was a marked tendency to give a student a single letter rating for all of the qualities listed.

There was a marked tendency among some judges to rate very high. There were far too many "A's".

This goes to show the need for very definite understanding by the persons doing the grading of what is required of them, and leads to a suggestion which may be of help, namely, that a full discussion of the monthly efficiency cards might occasionally be the programme of the staff nurses' meeting. Another suggestion is one which is at present practised by various head-nurses,—they carry with them a very small note-book in which to make brief notes concerning the personality and work of the students under their guidance. Without such notes it is almost impossible to remember all that is required to be reported upon regarding all the students who might have been on the ward during the month.

The *Survey* offers many helpful suggestions and, in a foot-note on page 347, gives a reference. Another book which will be found useful is *Standardizing Teachers' Examinations and the Distribution of Class Marks* by Robert S. Ellis, published by the Public School Publishing Co., Bloomington, Illinois. All the help which is available should be made use of to improve grading methods, and when there is a normal school in the locality or a high school, members of the staff who are trained in modern educational methods will be able to give valuable advice.

Department of Private Duty Nursing

CONVENOR OF PUBLICATIONS:

Miss Jean Davidson, Paris, Ont.

SURGICAL NURSING CARE IN THYROID INTOXICATION

A. B. HUNTER, Reg. N.; Head Nurse, Surgical Division, Toronto General Hospital.

The aim of the pre-operative treatment of patients suffering from thyroid intoxication is to secure physical and mental rest. With this end in view patients are admitted where possible, to small or single bed wards, where quiet will be assured. A few whose condition justifies it are allowed bathroom privileges, but the majority are kept at absolute rest in bed. Since these patients often do not sleep until late at night every effort, compatible with hospital routine, is made to leave them undisturbed in the morning.

Patients suffering from thyroid intoxication on this Service are given Luminal grains, one at bedtime to insure rest. If this is inadequate the dose is increased to one grain at bedtime and one-half grain three times a day. Visitors are restricted to the minimum, to those, in fact, whom it would not distress the patient to see. Exciting or disturbing literature is definitely banned. With a quiet room, comfortable bed, sufficient sedative, restricted visitors and activities, an average patient has a good chance of rest.

A controlling factor, however, in the care of such patients is the co-operation of the patients themselves. It is a wise course, early in a patient's hospital career, to spend sufficient time explaining the plan of treatment, the way in which they may co-operate and why it is essential. A patient suf-

fering severe thyroid intoxication is by no means an easy one to nurse. She is an apprehensive and irritable individual, given to tears and terror, convinced that her operation will be sprung upon her without warning, uncertain of the disposition of everyone around her, and most of all uncertain of herself. Nursing is undoubtedly a most important factor in the re-establishment of the patient's self-control and confidence. For this reason we try to arrange for the same nurses remaining in charge of the nursing care of these patients throughout the stay in hospital so that the disturbance of change and re-adjustments is reduced to a minimum. For the same reason, such patients on this Service do not undergo the test for basal metabolic rate without an explanation the night before. On a large and busy ward this is sometimes easy to overlook. To these patients the unknown is full of dire possibilities and a test with its curious paraphernalia means added apprehension for a patient whose resistance to disturbance is already low.

Carried out chemically, this is a breathing test to determine the rate at which the body as a whole consumes oxygen and produces carbon-dioxide. It is carried on when the body is at rest, when the temperature is normal, when physical and mental activities are at a minimum, and when digestive

processes and their stimulative effects are at the lowest level. It is necessary to know the patient's height and weight for this test, which is usually carried out in the morning within a few days of admission. The patient is left undisturbed until it is due, no food being allowed and the toilet reduced to a minimum.

These patients usually have a good appetite and are willing to drink what is required of them. They should have a simple diet of high caloric value, supplemented by milk and cocoa between meals. The daily fluid intake should be at least one hundred ounces and in this we include one quart of glucose drink which is made as follows:

One pound of syrup glucose, the juice of one orange and two lemons with their pulp cut in fine pieces, water to make one quart. Mix and bring to a boil. Let boil for five minutes. Make the volume up to one quart and serve ice cold.

So far no mention has been made of Lugol's iodine, but with intent. Iodine is of course the most valuable ally in the pre-operative care of the thyroid patient. Iodine alone cannot produce the really amazing results that occur when it is used in combination with other measures, such as physical and mental rest, adequate nourishment and fluids. Our medical routine, started within a few days of the patient's admission, is as follows:

Lugol's iodine minims 10, three times a day. With the administration of Lugol's iodine for the first two days only we give *Digifolium* minims 20 three times a day, and thereafter minims 10 daily. Lugol's iodine, being an unpalatable medicine, is given in milk or grape juice.

It is interesting to watch the gradual drop of a patient's pulse curve after the administration of iodine. The majority of cases will strike their lowest level within fourteen days and that is the point at which operation takes place,

before the curve starts to swing up again on its new cycle uncontrolled by iodine. It is no less interesting to watch the change in the patient's reactions. The doctor's morning visit which was once greeted by an air of startled agitation and rapidly beating pulse, is now regarded not as a matter of disturbance but as a pleasant incident of the day. The patient's bed which was at first in a constant state of disarranged upheaval gradually takes on a seemly orderliness. The real apprehension of operation changes to a rational unperturbed interest in when it may take place. From observation of these cases, we have come to the conclusion that the nursing care in the two weeks preceding operation is quite as important as the two weeks following operation.

The day immediately preceding operation the operative field is shaved, a simple enema is given that evening and a good night's rest is assured by means of extra sedative if necessary. The morning of operation the patient is given early morning care and left undisturbed until the pre-operative sedatives are due. What we call a double thyroid sedative is given:

Morphia grains $\frac{1}{4}$, atropine grains $\frac{1}{150}$, hyoscine grains $\frac{1}{200}$, one and a half hours before operation; followed by morphia grains $\frac{1}{8}$, hyoscine grains $\frac{1}{400}$ to a woman and morphia grains $\frac{1}{6}$, hyoscine grains $\frac{1}{400}$ to a man, and Nembutal grains $1\frac{1}{2}$ three-quarters of an hour before operation.

The result of this heavy sedative is that a patient goes placidly to the operating room usually deeply asleep or at any rate entirely undisturbed by any sense of apprehension.

The post-operative essentials are Lugol's iodine, sedatives and fluids. For this purpose are prepared a sedative enema composed of Lugol's iodine, minims 45, paraldehyde, drams 4, liquid paraffin,

ounces 3, and an intravenous of normal saline. Two ice caps are also prepared. The ether bed is made ready on a Gatz frame, without hot water bottles, and with no blanket next to the patient.

As soon as the patient returns to the ward the sedative enema is administered, well mixed and heated to body temperature. It is given fairly high as it is expected to be retained and plenty of lubricant should be used as both iodine and paraldehyde are apt to produce painful burns. The Gatz frame is then raised, the ice caps are applied to the head and neck, and the intravenous is started. This intravenous saline is contained in large flasks of 4,000 c.c., designed by Dr. R. I. Harris. It is administered at room temperature, that is, it is not heated in any other way, and is given continuously at the rate of 125 to 150 c.c. an hour over as long a period as the patient's condition requires; 3,000 c.c. is the usual amount given.

Where possible we use a vein low down in the forearm so that the patient's movements are not so restricted as when the hollow of the elbow is used. If the patient is very restless the arm may be controlled comfortably by bandaging it to a pillow. If the patient is not restless a good method is to carry the intravenous tubing down the arm and loop it over the thumb, carry it back up the arm and safety-pin a towel snugly over the whole forearm.

The patient's pulse is watched carefully from the moment of return to the ward and a detailed clinical record is kept. Any change in the outline of the neck is noted carefully with the possibility of hemorrhage present; also difficult breathing, particularly difficult inspiration, not expiration as in asthma.

We have a routine sedative of morphine, grains $\frac{1}{4}$, atropine grains, $\frac{1}{150}$, when required for the forty-eight hours after operation, and this is given sufficiently often to keep the patient resting. If a patient is not restless but unable to sleep Luminal is administered. During the afternoon and night following operation four doses of Lugol's iodine, minims 10, are administered either by mouth or by rectum. Such cases often suffer discomfort from mucus and difficult swallowing; liquid paraffin spray will help this. If mucus is troublesome and not relieved by the spray, steam inhalations with a Foley Inhaler, using Tr. Benzoin Co. drams 1 to a quart of water, will often help, and failing this a steam tent should be used.

The patient spends most of the twenty-four hours after operation in sleep but has periods of consciousness which are apt to be filled with restlessness and confusion. Her movements are awkward and panicky; if there is a cup within reach she will certainly knock it over, when she is given a drink she grasps the tumbler quite unnecessarily, tips the water over herself if possible, chokes and splutters, looks terrified, thinks she wants a bed pan in an awful hurry, and suddenly falls asleep again.

It is the nurse's care to tide the patient over these stormy moments; impatience or apprehension of any sort must never be shown, no matter what happens. A frightened patient, not met by quiet and cheerful reassurance, from her nurse suffers intolerably and unnecessarily. Like all post-operative patients they should be turned often from side to side. These patients hold their necks so stiffly that they often develop a pain across their shoulders. They should

be encouraged to allow their muscles to relax and also to speak out clearly instead of whispering. A small pillow lengthwise between the shoulders and up the back of the neck helps the pain by making the patient relax.

The day after operation we remove the large dressing and replace it with a strip of gauze sufficient to cover the wound. On the second day after operation every second clip is removed and on the third day the remainder are removed. If the area around the wound appears inflamed we use a Keith's dressing. If serum collects it is aspirated with a sterile needle and syringe. After three days the average patient is over her troubles. She asks for a mirror and begins to take an interest in her appearance and also in her meals. This covers our nursing care of the normal uncomplicated convalescence of a patient following a thyroidectomy.

The nurse who is constantly with the patient should be the first to recognize any sign of trouble so that if possible it may be forestalled. A rising pulse, a rising temperature, and a restless patient are always danger signals. They generally mean a patient is heading for "storm." The treatment for storm is a more concentrated form of the routine treatment, more sedative, more fluids and more iodine. A sedative enema composed of chloral hydrate, grains 20, potassium bromide, grains 60, sodium amytol, grains 3, water, ounces 4, is administered. Ampoules of sodium iodide are available and according to the surgeon's orders 1 c.c. or 2 c.c. are given every one or two hours for five to ten doses into the tube of the intravenous which has been started. In case of extreme restlessness sodium amytol or paraldehyde may be

given intravenously in the same manner.

To handle the rising temperature, an alcohol sheet is effective and even more so an ice water enema. This is given with two rectal tubes, one high up to introduce the ice water, and one low down to drain it off. It is one of the most effective methods of reducing hyperpyrexia that we have used.

Another danger signal to be recognized first by the nurse is respiratory difficulty. This may develop into laryngeal obstruction demonstrated by stridor of inspired air, bluing of the finger tips and a general cyanosed appearance of the patient. On the first sign of respiratory trouble the wound should be examined and if the neck appears full the doctor notified immediately. A tracheotomy set should be always available and, if the respiratory difficulty becomes acute, should be set up in preparation by the patient's bed. If a tracheotomy tube is installed the opening should be covered with gauze soaked in saline to insure the inhaled air being moist. If the tube plugs, scrub the hands, remove the inner tube, clear it, boil it and replace it.

Tingling in the hands or a tight feeling in the fingers are usually a sign of interference with the parathyroid and should be reported at once. This is generally accommodated by the administration of calcium either in the form of extra milk, or calcium chloride in solution which may be taken by mouth or given intravenously.

Pre-operative treatment and operation are only the beginning of the patient's cure. We try to arrange that our patients have at least three months free from responsibility for convalescence; one month to be spent in bed, possibly

with bathroom privileges, one month up about the house spending eighteen hours out of the twenty-four in rest; the third month taking short walks and drives but having as yet no responsibility in the home. If there has been severe intoxication and a prolonged bed rest is necessary, in order to avoid painful feet on assuming activity the patient is required to wear a stout oxford with low heels; bedroom slippers should never be worn. The patients are sent out with definite written instructions regarding their convalescence. Instructions, of course, have to be stretched sometimes to meet the patient's home conditions. They are kept on Lugol's iodine minims, 10 a day, for six weeks after discharge from hospital and are asked to report back to the surgeon or to the thyroid clinic in the out-patient department in three months' time so that their progress may be followed.

Does the Public Know?

Courtesy of the Bulletin of the American Nurses Association.

Does the community know the difference between a registered nurse, an undergraduate and a so-called practical nurse? Do they employ practical nurses under the misapprehension that it is more economical? Do they know where a hospital orderly's duties stop and a nurse's responsibility begins? Do they know where the nurse's duties stop and the responsibility of the doctor begins? The *Western Hospital Review* doubts that the public knows the answers to these questions. So does C. J. Elsasser, who addressed the California State Nurses' Association on the subject. Mr. Elsasser thinks nurses should be available for public programs and should be repre-

sented in community enterprises. The best way to bring this about is through a department of public relations within the association, in his opinion.

Not Good Business

Courtesy of the Bulletin of the American Nurses Association.

It is deplorable that so many hospital directors have been forced to defend their nursing schools solely on the argument of economy, asserts C. Rufus Rorem, Ph.D., of the Julius Rosenwald Fund. The economy argument is deplorable because it is so false, Dr. Rorem declares.

He contends that the continued use of undergraduate nurses as employees interferes greatly with the hospital financing because it not only swells the ranks of unemployed graduate nurses, but also places continuously increasing pressure on the hospital director to relieve the very unemployment that he creates.

The hospital director, by employing student nurses, displaces graduate nurses. These he attempts to placate by urging patients to spend their extra money for the graduate nurse. The patient pays her first, and then uses the extra money, if he has any, to pay the hospital for the services of the undergraduate nurse. The hospital thus becomes a secondary creditor of the patient, this statistician maintains.

Working Together

Courtesy of the Bulletin of the American Nurses Association.

Private duty nurses in California have acquired a new solidarity in working together for the eight-hour day, states Theresa Clare Blim, state private duty chairman, in her annual report. They are taking more interest in alumnae and district meetings. Each section is working on some constructive plan, many of them believing that the eight-hour day is but a beginning in the adjustment of employment and a preparation for the use of leisure for a better development.



Department of Public Health Nursing

CONVENER OF PUBLICATIONS: Mrs. Agnes Haygarth, 21 Sussex St., Toronto, Ont

PIONEERING IN THE PEACE

M. CLAXTON, Reg. N., Public Health Nurse, Grand Haven, Peace River District.

I suppose, that as a rule, pioneering, if undertaken in the right spirit, will always bring out the best in people. It tends to foster such virtues as courage, endurance, ingenuity and perseverance, and a dogged determination to win out. And I think that the people among whom I work are no exception to the rule. Owing to the world depression, circumstances are much harder for the new settler than in normal times, but I believe that most of them realize how much better off they are than if living in a city.

A great many of these new settlers, who are now living under most primitive conditions, once owned flourishing farms on the prairies, from which they were driven by a succession of dry years, and repeated crop failures. Some of them, in desperation, just left everything as it stood, shut the door, collected their remaining stock, and set out for a new land. They arrived in covered wagons, having spent many months on the journey. The same covered wagons, with perhaps the addition of a tent, often had to serve as their only home, while they made a clearing in the forest in which to erect their log cabins. Because they had spent their last dollar on the way, their main food supply was often wild meat, and wild berries, when in season, and when ammunition ran out they would resort to snares.

When times are good, or even moderately good, a homesteader can, with perseverance and much hard work, soon begin to feel his feet, and see with satisfaction, the results of his labours. But under the present circumstances, the hardships are trebled, even with the help of Government relief, while the immediate future does not look very rosy. It takes a person of wide and courageous outlook to refrain from grumbings and pessimism. I am proud to say, that it is often the homesteader's wife who possesses this indomitable spirit, and who refuses to give in, or waste time on self pity. Indeed, the homesteader's wife usually has little time to waste on anything. Her resourcefulness and ingenuity fills me with admiration. Not only do they manage somehow, to keep their families fed and clothed on the meagre supplies available, but make a brave attempt to make the little home attractive. Nevertheless, housing conditions leave very much to be desired, and terrible overcrowding is the general rule.

Added to the financial depression, last year's long hard winter, with its exceptionally heavy snowfall made the hardships of these settlers much greater. Thanks to the Canadian Red Cross, the Imperial Order of the Daughters of the Empire, and other organizations, large quantities of warm clothing were sent in for distribution, but owing to the great dis-

stances, the often impassable trails, and the difficulty of the people getting out because of insufficient clothing, distribution has not been easy. The great problem up here now, and one which has persisted for some time, is the serious shortage of feed. Large numbers of horses have already starved to death. Inability to feed the milk cow, has resulted in a sadly diminished milk supply, with the subsequent ill effect on the children.

Nevertheless, in spite of hard times, the settlers in this northern part of the Peace River now have many advantages, not available to the settler who came in a few years ago. Then, all sick people needing hospital care had to undergo a long and difficult journey by road and river. Now, a resident doctor, and a well-equipped hospital are available to meet the needs of the sick north of the Peace, and serve a very large area.

Another great convenience to the settler is a grist mill, where he may take his grain, and have it converted into flour, bran and shorts, and this without the payment of cash, payment being made by leaving a proportion of the grain. This does away with that long haul to railhead, which was so expensive and difficult.

My work among the settlers, as public health nurse, is very varied and interesting, and the unexpected is always happening. My chief mode of transportation is horseback, and "Major", an ex-police horse, is my staunch friend and ally. My headquarters is a small Red Cross Outpost where, when necessary, I can take a couple of patients. Since the advent of the hospital, this has become less necessary, and the advisability of moving the outpost further north, or to a more isolated part is being considered.

IODINE PROPHYLACTIC TREATMENT

ANNE F. GRINDON, Reg. N., Nurse in charge, Provincial Public Health Nursing Service,
Kelowna Rural Districts, British Columbia.

In connection with the improvement of defective conditions an interesting experiment has been conducted by the Kelowna Rural Schools Health Association on behalf of those children suffering from enlargement of the thyroid gland (goitre) and enlarged tonsils. It has long been known that one of the reasons for enlargement of the thyroid gland in children is due to lack of iodine in the food or water intake. There is much of this trouble among the children of British Columbia, more especially in the interior of the Province.

If allowed to continue unchecked, the first ill effects noticed are

nervous symptoms, with quickening of the heart beat and too rapid burning up of the food taken into the body, often associated with an underweight condition. Later on pathological changes take place in the thyroid gland itself with serious symptoms supervening, and a major operation for removal of the gland is indicated.

A medical examination of 633 school children showed 548 suffering from various degrees of enlargement of the thyroid (simple goitre) or of the tonsils. These conditions were brought to the attention of the teaching staff in twenty-one classrooms, also to

parents by the distribution of explanatory pamphlets, asking for the consent of parents to the administration in the school of a small daily dose of tincture of iodine to all those children found affected after examination by the school medical officer. Three hundred and ninety-four parents gave consent to this treatment, which was accordingly carried out by teachers daily in the schools. The degree of enlargement found in each child was graded by the School Medical Officer, and results noted and re-graded in two subsequent examinations covering a period of six months.

Final results were found to be most satisfactory. Throughout all the schools, the average of improvement in the condition of enlarged thyroid gland was found to range from 47% to 86%, and in enlarged tonsils from 25% to 51%. The best response to the iodine treatment for goitre was found, in every school, in children of the higher grades (ages 10 years to 17 years). The same result was found in children suffering from various degrees of enlargement of the tonsils, with the exception of two classrooms, where the defective condition was found to be increased in the case of four children with very much enlarged and probably infected tonsils.

In another classroom, the degree of enlargement of the thyroid gland was found not improved but increased, after six months iodine treatment. The School Medical Officer concluded that this child probably had a goitre of the adenomatous type in which actual change of cell structure had taken place. This type of goitre is not improved by the administration of iodine as in the case of simple goitre.

This interesting experiment, extending over a period of six

months, shows very clearly the benefit of the regular administration of a small daily dose of tincture of iodine for five days in the week, to all children with simple goitre and enlarged tonsils. The appreciative thanks of the School Health Service is specially due to all those teachers who were willing to undertake the giving of the daily dose of iodine in the interests of the children and of school research work. It is hoped that this experiment with its successful results may be found to be of benefit to other schools in British Columbia.

Manitoba Fights Cancer

In order that this great problem might be handled more satisfactorily the Cancer Relief and Research Institute was set up in Winnipeg in 1930 for the benefit of the citizens of Manitoba. It has secured radium, and has constructed and is now operating an emanation plant. It has assisted in establishing tumour clinics in larger hospitals. *It ensures that no one in Manitoba is deprived of radium treatment through inability to pay.* It is endeavouring, within its means, to inform the citizens of Manitoba regarding the treatment and care of persons afflicted with cancer.

The Institute is not a commercial enterprise; nor is it a government department. Though it secures some revenue from paying patients, it had a deficit last year of \$6,437.21. At present more than half its service is furnished free, as the patients cannot pay and in such cases it is understood that the doctors' services are given free of charge. If its services are to be maintained, the citizens of Manitoba must raise approximately seven thousand dollars to carry it for another year. It is expected that half this amount will be raised in Winnipeg and half in the rest of Manitoba. Its services have been furnished in about equal proportions to Winnipeg and to the rest of Manitoba.

Its principal aims are:

To inform the public regarding the services furnished by the Institute.

To impress upon them the urgency of early treatment to secure success.

To secure funds so urgently needed to continue operation.

HEALTH ORGANIZATIONS AND RELIEF

FYVIE YOUNG, Reg. N., Public Health Nurse, Cowichan Health Centre, British Columbia.

It is necessary to consider relief work in terms of safety in connection with a health organization because public health is still a growing science. In its course of development from the filth and lack of care of the middle ages to the present century, progress has been slow, spurred on at intervals by the vision and work of such men as Jenner and Pasteur who were able to grasp a problem and its significance and apply a solution.

It has been proved in the examination of large numbers of people, as during conscription for the World War, that most adults are not in perfect health and that their imperfections are due either to neglect of the fundamental laws of health on their part, or to the effects of conditions present in childhood that were preventable. The constructive programme of public health adopted since the war has been educational in order to avoid, as far as possible, these imperfections in the growing generation by teaching them the value of good health and how to keep it.

To the public health nurse belongs the work of carrying the programme into the home, and with this in view, her training has included instruction in social and mental hygiene, child welfare and public health, as well as the technique of nursing care. A store of knowledge is thus provided that will help her to meet most situations that may arise and that may be an important point of contact with the family for future work. There must be an element of confidence present before the average adult will accept the theory of pre-

vention and honestly try to live up to the laws of health with the idea of keeping well. That confidence is almost automatically given to the person who is able to help out in an emergency whether the cause be mental, financial, or because of illness.

In a generalized public health programme, where the nurse has, at various times, to do a little of everything, no situation that may have a future significance is too slight to be considered particularly if it is likely to influence community opinion. However, she must divide her time according to the relative importance of the work to be done, especially its future importance, placing the emphasis on the educational side as it affects children, before birth, during infancy and pre-school and school ages.

The popular conception of a nurse is of someone who is trained to care for the sick, to make them comfortable and, if possible, help restore their health. At first the nurse has the same idea about herself; there is a fascination about actual nursing, the satisfaction of being able to make a patient comfortable—and grateful—that, on the district, leads from one visit to another. Bedside nursing in comparison with other branches of district work demands more time than results warrant. A great deal of nursing care is routine and can be well carried out by a member of the family once she has been properly instructed by the nurse, who can be on call in case of special need, but is free to do other work. Any case that is too serious-

ly ill to be left requires continuous nursing or hospital care.

At this point one comes to the problem of care in sickness of people living on relief. A class of people, normally self-supporting, has been rendered dependent because of lack of work and is in need of the necessities of life—food, shelter, and care in sickness. The first two are provided through relief allowances and community help, but the last is a special problem because it requires the services of trained people. Doctors are doing wonderful work, giving their time and services, but they cannot carry on alone. Where must they look for nursing help? Presumably the situation is a temporary one. These people are potential earners who will again pay their way when work is available. The established institutions for providing nursing care are best able to give more, now, at less additional cost because they have the facilities already in use, approximately the same running expenses, and an opportunity in the future of getting some return.

To the health organizations the question becomes one of policy. Co-operation is everything in carrying on public health work, and any public health nurse gladly puts her shoulder to the wheel to give an extra turn when it will help. She can help with home nursing within the limits described above without sacrificing time that should be used for other work. One questions whether it is worth eliminating any part of an educational programme in order to solve a problem that is not permanent, when from a public health viewpoint, to do so is a backward step. There are so many more members of a community who are able to nurse than there are those who are fitted to teach public health. It is not that

the latter are attempting to avoid more work in the popular sense of the word, but simply that they want to make better use of their time and to exert a wider influence over the coming generation, on whom rests the hope of future Public Health.



Interesting Sidelights

*Courtesy of the Bulletin of the
American Nurses Association.*

The role of hostess to new patients admitted to the University of Colorado Psychopathic Hospital is assigned to a graduate nurse with post-graduate training in psychiatric nursing. The hostess introduces each new patient—unless he is particularly disturbed—to the ward nurses, shows him about the hospital and explains hospital routine and treatment. She visits the new patient daily for ten days, noting any point that may be of value to the doctors in their treatment of the case. The hostess also meets the patient's relatives and explains hospital routine and regulations to them.

Nurses at this hospital receive a course of twenty lectures in recreational therapy. The instructor teaches tennis, physical exercises and games to nurses and patients, wisely grouping the patients according to their capabilities. She and some of the nurses are present at meal times, occasionally eating with the patients to stimulate lagging appetites and conversation. The nurses carry the load of the recreational program, thus permitting its director to give time to individual patients who do not fit readily into groups.

Another interesting feature of the hospital is its open wards. Two wards, with outside entrances, are given over to men and women considered by doctors and nurses as capable of getting along without constant supervision. From 8 a.m. until 5 p.m. these patients may leave the hospital unaccompanied. They note in the register their names, where they plan to go and when they expect to return. They must be in on time for meals and treatments. The open wards have been in operation for a year, and the psychological effect is excellent, according to Louise Kieninger, R.N., director of nursing.

Book Reviews

✓ ✓ ✓

NERVOUS AND MENTAL DISEASES FOR NURSES, by Irving J. Sands, M.D., Associate in Neurology, Columbia University; Associate Visiting Physician, Neurological Institute, New York; Attending Neurologist, Brooklyn Jewish, Bethel, Kingston Ave., and Coney Island Hospital; Consulting Neurologist, Brooklyn State and Rockaway Beach Hospitals, N.Y. Second Edition, Revised, 1933. 281 pages, illustrated. Cloth, \$2.00. Published by W. B. Saunders Company. Canadian Agents: McAinsh & Co. Limited, Toronto.

In this book there is an attempt to cover a very wide field and to include, in less than three hundred pages, an immense amount of material, from neuro-anatomy to psycho-analysis. An effort has been made not only to give the necessary medical knowledge on which the nursing of neurological and psychiatric patients may be based, but also to describe the actual nursing procedure involved. These descriptions are, perhaps, the least valuable part of the book.

The first four chapters on neuro-anatomy, the endocrines, elementary medical psychology, and the common neurological disorders, constitute almost half the entire book. They are necessarily brief, but have condensed a great deal of information in a clear and definite way; they are well illustrated and are excellent from a nurse's point of view.

The second division of the book discusses mental disorders. The

whole large group of psychogenic psychoses is dealt with in one chapter. In discussing these, the developmental approach is little utilized, while the possibilities of prevention and the nurse's duty of health teaching are not touched on. There is, however, in a later chapter, a very useful summary of mental hygiene principles, and here the nurse's preventive responsibility is more stressed.

Chapter XII is an explanation of the Freudian mechanisms and terminology and the types of cases for which psycho-analysis is used. The author maintains that nurses as well as physicians can utilize psycho-analytic knowledge to their own advantage and that of their patients.

In Chapter XIII, under *Special Nursing Procedures*, one is somewhat amazed to find restraint listed, and moreover, packs and continuous baths explained under this caption. It is even more disconcerting to find the old-time camisole recommended.

While the book contains much valuable information from a distinguished and reliable source, one would hesitate to recommend it as a nursing text. Due perhaps to the amount of material covered, it is hardly thorough. Dr. Sands' aim in revising his book has been to give the average pupil and graduate nurse a basic understanding of the pathological processes in each neuro-psychiatric disorder. A smaller number of types of mental disease treated broadly from a pre-

ventive and mental health standpoint, and illustrated by concrete case material would probably be more effective in developing in the student the type of nursing approach needed for this group of patients.

N. D. FIDLER, REG. N.,
*Superintendent of Nurses,
 The Ontario Hospital,
 Whitby, Ont.*

HANDBOOK OF HOSPITAL MANAGEMENT.—Announcement is made of the publication of a *Handbook of Hospital Management*, a compilation of the resolutions, committee findings and formal recommendations of the American Hospital Association and other agencies serving the hospital field.

The handbook has been compiled by Matthew O. Foley, editorial director of *Hospital Management*, and represents a search of more than two hundred documents, including transactions, committee reports, and annuals, as well as study of numerous constitutions and by-laws of hospitals and hospital staffs.

The material is assembled in convenient question and answer form, in eleven chapters. Besides general definitions of hospitals, there are chapters on organization and function of board, administrative department, staff, and chapters on National Hospital Day, public relations, women's auxiliaries, outpatient service, and on principles and accepted practices relating to business and professional statistics and reports.

Student nurses will find this handbook a valuable addition to their elective reading. It also is intended as a practical aid to nurses interested in hospital administration and as a textbook for courses and institutes featuring this subject.

The handbook contains 120 pages and its price is one dollar. Copies may be had from Matthew O. Foley, Downers Grove, Illinois, U.S.A.

The Brilliant Non-Conformist

*Courtesy of the Bulletin of the
 American Nurses Association.*

The brilliant student who does not always fall in line with every school regulation finds a defender in Edith M. Potts, R.N., who is developing a battery of psychological tests that will aid in the selection of applicants for admission to schools of nursing. Her experimental work is being done through a fellowship granted by the Rockefeller Foundation. Miss Potts says we have been told so often that the person with superior intelligence is not able to meet situations of emotional stress that we have almost come to believe it. Scores made by student nurses refute this theory. Those of high intelligence are found, for the most part, to occupy the middle ground on emotional sensitivity charts.

Miss Potts remarked that: "Perhaps, in view of these figures, we shall need to revise somewhat our long held opinion that the intelligent girl is unable to adapt to situations and consider the situations to which we have asked her to adapt. May not some of her non-adapting have been due to the fact that she was seeing the situation clearly enough to know that it was one which should not be adapted to, but fought? We must learn to be honest with ourselves." Miss Potts made a progress report on her studies at the convention of the National League of Nursing Education in Chicago last June.



Notes from the National Office

Contributed by JEAN S. WILSON, Reg. N., Executive Secretary

The Sections

Since this department first appeared in the *Journal* six months ago, an endeavour has been made toward having members of the Canadian Nurses Association, namely, the members of the provincial registered nurses associations, become informed of the activities of the C.N.A. and the machinery by which these activities are carried on.

There have been published brief descriptions of the Executive Committee (the governing body), the Standing and Special Committees and the National Office. In addition to these, the work of the C.N.A. is carried on through three National Sections, namely, Public Health, Private Duty and Nursing Education.

Organization and Finance

In 1918, when there was an extensive revision of the Constitution and By-Laws of the C.N.A., provision was made for the formation of these Sections under Article VI as follows:

Upon the approval of the members in general meeting any group of members interested in a special branch of nursing may form a section, such section to be known as the "... Section of the Canadian Nurses Association".

Any standing committee dealing with a particular branch of nursing shall cease to exist when a corresponding section is formed.

All By-laws of Sections shall be approved by the Executive Committee before adoption.

Any resolution affecting the Association as a whole shall be approved by the Association in general meeting or by the Executive Committee before final adoption.

A report of all meetings of sections must be sent to the President and Secretary of the Canadian Nurses Association.

Subject to these regulations the Public Health Nursing Section was formed in 1920 and that of Private Duty Nursing, one year later. The first nationally organized body of nurses in Canada was The Canadian Society of Superintendents of Training Schools (1907) which, in 1916, became the Can-

adian Association of Nursing Education and, in 1924, amalgamated with the Canadian Nurses Association as the Nursing Education Section.

To belong to a section, a nurse must be a member in good standing of a provincial registered nurses association. The officers are elected from section members at biennial meetings. The executive council of each section consists of the officers and a member elected from the corresponding provincial sections or committees.

The chairman of each national section is a member of the C.N.A. Executive Committee. The corresponding provincial chairmen are also members of the same committee.

Each of the three sections is financed through an annual grant of \$150.00 from the treasury of the C.N.A. Provision for these grants is included in the annual budget for the financing of the C.N.A. and the National Office.

Objectives

The chief objective of the public health nursing section is the advancement of public health service given by members of the C.N.A. Membership is open to all nurses engaged or interested in public health work who are members of a provincial registered nurses association. The Section has been active in stimulating interest and support toward public health courses for nurses in Canadian universities, thus making provision for the education, development and training of nurses for the public health field.

The private duty nursing section aims to establish a mutual understanding between this and other branches of the profession and to create unification within the group throughout the Dominion.

The nursing education section exists in order to advance the educational standards of all branches of nursing, both graduate and undergraduate. All matters affecting nursing education are its special responsibility.

News Notes

News items intended for publication in the ensuing issue must reach the Journal not later than the eighth of the preceding month. In order to ensure accuracy all contributions should be typewritten and double-spaced.

BRITISH COLUMBIA

VANCOUVER: The autumn meeting of the Graduate Nurses Association of British Columbia will be held October 7, 1933, at the Auditorium of the Vancouver General Hospital. Meetings of the three sections—public health nursing, private duty nursing and nursing education—and a round table for all members will be held in the morning. A business meeting, followed by an address by Miss Ethel Johns, Editor of *The Canadian Nurse*, will be held in the afternoon of the same day, and at night a dinner will be arranged at which Miss Johns will speak.

MANITOBA

WINNIPEG: Two important meetings took place in Winnipeg during September when the second bi-ennial convention of the Canadian Hospital Council was held at the same time as the annual meeting of the Manitoba Medical Association.

Discussion at the sessions of the Canadian Hospital Council was centred round the following general topics: hospital legislation, public relations, construction and equipment, finance, problems of small hospitals, administration and statistics, relations between the medical profession and the hospitals, research. Subjects of special interest to nurses included the place of nurses as anaesthetists and the incidence of tuberculosis among nurses.

NEW BRUNSWICK

SAINT JOHN: Miss Charlotte Brown, R.N., is convalescing after her recent operation. Friends will be sorry to hear that Miss Nellie Floyd, R.N., is a patient at the Saint John General Hospital.

Miss Ada Burns, Miss Maude Retallick, Miss Jane Patchell and Mrs. Duncan Smith have returned recently from Europe.

Mrs. Sanderson (Bess Wilson) has returned to her home in Prince Albert, Saskatchewan.

Mr. and Mrs. Allen Dingee (Ella Cambridge) have returned from a motor trip to the World's Fair at Chicago.

NOVA SCOTIA

HALIFAX: Miss Victoria I. Winslow, superintendent of the Children's Hospital, Halifax, has returned from a holiday spent in Montreal, Toronto and Lindsay.

ONTARIO

DISTRICT I

CHATHAM: St. Joseph's Hospital, Chatham, was the scene of a happy reunion on July 4, when the reverend Sisters entertained the graduates of the class of 1908. The Jubilee Class arrived in old-fashioned costumes and the guests were greeted by the Reverend Mother Superior and members of the staff. During the afternoon, Dr. J. W. Rutherford, M.P., one of the few remaining physicians who attended the hospital twenty-five years ago, called and extended his congratulations. The guests were invited to inspect the hospital and grounds and dinner was served in the evening. The student nurses had prepared a delightful programme. Musical numbers were presented by Mildred Misteel, Mary Longon, Ruth Middlemiss and the Choral Club. Seven student nurses, dressed in uniforms, as worn twenty-five years ago, brought the entertainment to a climax as they made their appearance bearing the 1908 class picture and singing, "For they are jolly good fellows." Members of the Jubilee Class who were present included Sister M. Elenis, Sister M. Raymond and Reverend Mother Philomene of London; Mrs. T. E. Durrocher, of Grace Hospital, Windsor; Miss Angela McOthargy and Miss Lillian Long of Detroit; Mrs. J. Reid (Mabel Jenner), of Toronto; Mrs. J. Kelly (Lorretta Kelly), of Winnipeg; Miss Emma Reighry and Miss Lillian Richardson of Chatham. Other guests were Miss Mary Doyle, president of the Alumnae Association of St. Joseph's Hospital, Miss Jean Lundy, Miss Felice Richardson, and Miss Anne McOthargy, of Detroit.

On July 5, the members of St. Joseph's Alumnae Association held their annual picnic at Rondeau Park with a good attendance. Games and water sports were enjoyed during the day and dancing was popular in the evening.

MARRIED: In June, 1933, Miss Mary E. Bedell (Public General Hospital, Chatham, 1928), to Mr. Douglas Ferguson.

MARRIED: On July 24, 1933, at Nakusp, British Columbia, Miss Gertrude Hillman (Public General Hospital, Chatham), to Mr. William F. Eggins, of Vancouver.

PETROLEA: The Alumnae Association of the School of Nursing of the Charlotte Eleanor

Englehart Hospital was organized last Spring. Its officers are as follows: *Honorary President*, Miss F. C. Ritchie; *President*, Miss V. Drope; *Vice-President*, Miss M. McPhedran; *Recording Secretary*, Miss S. Wilson; *Corresponding Secretary*, Miss M. Taylor; *Treasurer*, Mrs. W. Wilson; *Convener Social Committee*, Miss V. McRae; *Convener Programme Committee*, Miss O. Mannen; *Convener Sick Visiting Committee*, Miss C. Simpson.

DISTRICTS 2 and 3

BRANTFORD: An executive meeting of Districts 2 and 3 will be held at the Nurses' Residence of the Woodstock General Hospital on September 15, when Miss Helen L. Potts, superintendent, Woodstock Hospital, will act as hostess. The annual meeting of the Districts will be held in Brantford the middle of October.

The first meeting of the fall session of the Alumnae Association of the Brantford General Hospital, was held on September 5 in the Nurses' Residence, with the president, Miss K. Charnley, in the chair. We were pleased to welcome back Miss Rae Isaac who is on furlough at the present time, from China. Miss Edith Jones read a very interesting letter from Mrs. A. A. Scott (Happy Day), of the class of 1918, B.G.H., telling of her vacation in the Hill District in India. The meeting closed with a social half-hour.

A reunion of the class of 1921 of Brantford General Hospital, which took the form of a picnic, was held on August 11, at Port Dover. The following members of the class were present: Misses Florence Westbrook, Jessie Edmondson, Ida Martin, Mrs. W. Andrews (Clare Kelly), and Miss Jessie M. Wilson.

Graduates of the Brantford General Hospital School for Nurses will regret to learn of the death of Dr. T. H. Bier who for many years has been the lecturer in obstetrics.

Miss Dora Arnold, of the staff of the Brantford General Hospital, and Miss Mary Meggitt, have returned from attending the International Congress of Nurses. Miss Meggitt is relieving Miss Florence P. Stewart, night supervisor of the Brantford General Hospital, who is at present on her vacation.

Miss B. Hastings, of Coldwater, Michigan, and Miss I. Pearson of Toronto, members of the class of 1910, Brantford General Hospital, were recent visitors.

GUELPH: Miss Dora Lambert has recently been appointed to the staff of the Ontario Hospital at Woodstock.

Miss A. Campbell is in Northern Ontario, spending her vacation with her sister Miss Beatrice Campbell of Winnipeg.

A miscellaneous shower was held in the Nurses' Residence, Guelph General Hospital, on August 11 for Miss Ena Elliott, and on August 29 for Miss Inez Inglis.

Miss Fennell of the Victorian Order of Nurses, is having two months vacation. Miss Scales is supplying for Miss Fennell.

MARRIED: On August 12, 1933, at Guelph, Ontario, Miss Ena Elliott (G.G.H., 1932), to Mr. Nelson Couling, of London, Ontario.

MARRIED: On August 2, 1933, Miss Elizabeth A. (Betty) Speirs (class of 1929, B.G.H.), to Mr. Joseph Perkins, of Brantford, Ontario.

DISTRICT 4

MARRIED: On September 2, 1933, at St. Anne's Church, Miss Eleanor Hewitt (St. Joseph's Hospital, 1930), to Mr. Murray Berry, of Edmundston, N.B.

MARRIED: On September 2, 1933, in Thamesford, Miss Helen McMillan (St. Joseph's Hospital, 1931), to Mr. C. Shaver, of Ancaster.

DISTRICT 5

TORONTO: Among the members of the Toronto General Hospital Alumnae Association, who attended the International Congress this summer at Brussels and Paris were, Miss Jean I. Gunn, Superintendent of nurses, and an enthusiastic member of the Grand Council; Miss Purdy, Superintendent of Private Patients' Pavilion, Miss Florence Patterson, Miss Janet McMillan, Miss Edna McKinnon, Miss Mary Shaffner, Miss Forgie, Miss Dent and Miss Turnbull.

Miss Miriam Morris, formerly head nurse in Ward C has recently resigned.

MARRIED: On August 1, 1933, at Stratford, Miss Marie Kastner (T.G.H. 1917), to Mr. Norman Cheadle, of St. Catharines.

MARRIED: On August 22, 1933, at Sherbrooke, Que., Miss Elizabeth Duff Harris (T.G.H. 1929), to Mr. John Chalmers, of Toronto.

MARRIED: On July 22, 1933, at Christ Church, Toronto, Miss Irene Hennessey (T.G.H. 1923), to Dr. Strachan Harris, of Kirkland Lake.

MARRIED: On July 29, 1933, at Knox College Chapel, Miss Maye Lucas (T.G.H. 1930), to Mr. Hugh Allan.

MARRIED: In August, 1933, at Otterville, Miss Pauline Fish (T.G.H. 1929), to Mr. Wm. McDowell.

MARRIED: On July 28, 1933, at Banff, Miss Rae Shipman (T.G.H. 1921), to Mr. Alex Currie, of Edmonton.

MARRIED: On August 12, 1933, at Toronto, Miss Margaret Whitehead (T.G.H. 1931), to Dr. Wilson MacTavish, Toronto.

TORONTO: The fourth annual meeting of the Alumnae Association of the Hospital Instructors and Administrators of the University of Toronto was held in the School of Nursing, 7 Queen's Park. After the business meeting tea was served and Miss Nagle presided at the tea table, which was prettily decorated in blue and yellow. A number of members from out of town were present.

DISTRICT 7

KINGSTON: Miss Mabel Gardiner, Miss Mary Bird and Miss Ethel Rutledge (K.G.H. 1933), are doing post-graduate work in the Kingston General Hospital.

Miss G. Rowdon of Sudbury, Miss L. Wager of Deseronto and Miss H. O'Grady of Kingston have completed a year of post-graduate work in the Kingston General Hospital.

Miss Vonnice MacMartin (K.G.H. 1931), has accepted a position in the Cancer Clinic of the Kingston General Hospital.

MARRIED: A wedding of interest to graduates of the School of Nursing of the Kingston General Hospital was solemnized on August 26, when Miss Helen Graham (class of 1930), eldest daughter of Mr. and Mrs. J. A. Graham of Kingston, became the bride of Mr. Dougald John MacPhail, of Kingston. Mr. and Mrs. MacPhail will reside in Cornwall, Ontario.

DISTRICT 8

OTTAWA: The Reverend Sister Josephat, Superior of the Ottawa General Hospital, has been appointed Bursar of the Community of the Gray Nuns of the Cross. She has been replaced in the hospital by the Reverend Sister Alice de Marie.

Miss Juliette Robert, night superintendent of the Ottawa General Hospital and past president of the Alumnae Association, attended the International Congress of Nurses in Paris. Miss Therien, Miss Lucille Vatequet, Miss Anna Kilduff, Miss Aussan and Miss Brule also enjoyed this privilege.

QUEBEC

MONTREAL GENERAL HOSPITAL: Six graduates of the Montreal General Hospital School for Nurses are attending the McGill School for Graduate Nurses this year. The group

includes: Miss Marjorie MacKinnon (1932), taking the course in public health; Miss Catherine L. Anderson (1932), taking the course in teaching in schools of nursing; Miss Muriel E. Hunter (1930), taking the course in public health. All three have been awarded scholarships provided by the Mildred Hope Forbes Memorial Fund. Miss Lyle Willis (1930) has been awarded a scholarship by the Shriners Hospital and will take the course in public health, as will Miss Evelyn Pibus (1928) who has been awarded a scholarship by the Association of Registered Nurses of the Province of Quebec. Miss Elizabeth Moffat (1932) has also chosen public health as her course of study.

A reunion of some of the Montreal nurses who attended the I.C.N. in Paris and Brussels, took place recently at the Nurses' Residence of the Montreal General Hospital, where Miss J. Murphy and Miss M. Batson entertained the following to tea: Mrs. Sare, Misses C. Barrett, B. Herman, M. L. Brown, H. Stewart (M.G.H.), Miss M. Lindeburgh (School for Graduate Nurses, McGill University), Miss Jean Wilson (National Office), and Miss Costello and Miss Tansey (V.O.N.).

While in London some of the M.G.H. graduates had the pleasure of seeing Miss D. McCarogher (1923), who is on the staff of St. Thomas's Hospital at present but in the near future hopes to resume her work with the Universities Mission to Central Africa.

Miss Dorothy R. Colquhoun (1933), leaves in September to take a six months' course in the Psychiatric Hospital, Toronto.

Miss Norena S. Mackenzie (1926), who has been in England and Scotland for eight months in order to observe teaching in the schools of nursing of the various hospitals, is now in her old position as a member of the teaching staff of the M.G.H. Miss Margaret J. Denniston (1929), whom she replaced, is in charge of Ward C.

Miss Bertha A. Birch (1912) who for so long was supervisor of the operating room and assistant to Miss Craig, is now the night supervisor of the Western Division.

With the opening of the new service building of the Western Division, Miss Beatrice A. Dyer (1912) resigned her position in the diet kitchen, and is now in charge of the private wards.

Friends of Miss Elizabeth Wright will be glad to hear that, after spending so long a time as a patient in the M.G.H., she is now enjoying the mountain air at her brother's cottage at Lac Paquin.

MARRIED: On August 19, 1933, at Iberville, Quebec, Miss Jessie Elizabeth Bressee (Montreal General Hospital, 1927), to Mr. John Henry Jackson, of New York.

MARRIED: On September 2, 1933, at Montreal, Miss Mary Raeburn (M.G.H. 1928), to Mr. John Stewart. Mr. and Mrs. Stewart will reside in Montreal.

MARRIED: On September 2, 1933, at Cowansville, Quebec, Miss Glenna Doherty (M.G.H. 1930), to Mr. R. R. Buchanan. Mr. and Mrs. Buchanan will reside in Montreal.

MARRIED: On September 2, 1933, at Westmount, Quebec, Miss Edwina Fischer (M.G.H. 1930), to Dr. Robert Parmley. Dr. and Mrs. Parmley will make their home at Penticton, British Columbia.

MARRIED: On September 5, 1933, at Montreal, Miss Eileen Kavanagh (M.G.H. 1931), to Dr. Stuart MacKinnon. Dr. and Mrs. MacKinnon will reside at Rouyn, Quebec.

SASKATCHEWAN

PRINCE ALBERT: The Prince Albert Graduate Nurses Association was reorganized in March 1933. Meetings are held the second Tuesday of every month. A study of Dr. Weir's *Survey of Nursing Education* is being taken up at the meetings. The officers of the Association are: *President*, Miss M. Montgomery, Prince Albert Sanitorium; *First Vice-President*, Miss D. Ballantyne; *Second Vice-President*, Miss I. Faucett; *Secretary Treasurer*, Miss A. Delbridge, Prince Albert Sanatorium; *Conveners of Committees: Private duty*, Miss P. Wilbee; *Public Health*, Miss R. Morrison; *Social*, Mrs. R. N. Kirkley; *Sick visiting*, Mrs. J. Harry; *Educational*, Sister Simposia.





OVERSEAS NURSING SISTERS' ASSOCIATION OF CANADA

/ / /

A Pilgrimage to Le Tréport

Before leaving Canada to attend the International Congress of Nurses, I made up my mind that, if possible, I would revisit old scenes at Le Tréport (where I spent a year at No. 2 Canadian General Hospital from May, 1915, to May, 1916), and write something about it for Sisters who were stationed there.

On Sunday, June 9, the day before the Congress began, Mrs. W. T. Allan (Ruby Ackitt) and I left Paris by train at 8.15 a.m. and were leaning over the harbour wall looking at the old fishing fleet before noon. We walked about the narrow cobbled streets visiting the souvenir shops, and I sent cards to Miss Rayside and Miss Smellie and bought a fisherman's cap candy box for Isabel Galbraith. Madame at the St. Yves shop (you will remember that she sold china and jewelry) delighted me by understanding my halting French story of who I was, and of the lovely Galle glass vase I had bought from her seventeen years ago and so, of course, we bought some more things. We had lunch at the Hotel de Plage where many of you have lunched, taken tea, or perhaps had a bath, as I did in 1915. The old waiter who was there in those days actually served our lunch and bowed to the ground when *Madame, la propriétaire*, who, fortunately, spoke a little English, told him how well I remembered him.

After lunch we went up on the old funiculaire and stood near the Crucifix at the top of the steps, looking down on the harbor and out across the Channel sparkling in the sun. As Madame at the St. Yves had told us, the Trianon Hotel (No. 3 British) has been closed for more than a

year and looks very dejected and needs a coat of paint and new glass in many of the windows. And, would you believe it, not a sign of our old camp—no one would dream there had ever been rows of tents and, later, tin huts and wooden huts as far as the eye could see. Instead of all the little gardens in front of the wards with their maple leaves and "Canadas" made of colored glass and stones there was just waving yellow grass. Memories came back as we walked along the cliff where the Sisters' bell tents stood in rows all that first summer, and fell down so ignominiously in the equinoctial gales in the fall. Descending by funiculaire, we spent a lazy two hours at a grand new bathing station called Le Frigate, not far from the old Casino. It was so crowded we had to wait our turn for cabins where we donned bathing suits for a swim. Years have not change the Frenchman's estimate of the size of the pocket-book of Les Anglaises and we paid two prices, probably, for chairs and gay umbrellas. After tea on the terrace at Le Frigate, we strolled back to the station to find crowds of excursionists returning to Paris. Third class carriages were overflowing so all late-comers were bundled into first class, regardless. Some men in the compartment next ours organized crab races in the corridor by way of diversion. One of the contestants came into our compartment and we never did find him, but such excitement shortened our journey and we pulled into the Gare du Nord that evening after a lovely day on the coast of Normandy.

C. ETHEL GREENWOOD,
Toronto.

... OFF ... DUTY ...

Nobody should go . . . to the Maritimes . . . twice in one summer . . . here we are . . . just getting back . . . to dull reality . . . and some degree . . . of sanity . . . after going to Nova Scotia . . . when off we went again . . . to New Brunswick . . . and to Charlotte County at that . . . we saw Saint Andrews . . . by the Sea . . . and the island . . . in the Saint Croix River . . . where Champlain landed . . . in sixteen hundred and four . . . then there was Greenock Church . . . completed in 1824 . . . built of wood . . . brought out from Scotland . . . high up on its outside wall . . . just below the belfry . . . is a curious tree . . . made of metal . . . it is an oak . . . its branches and leaves . . . as strong and fresh . . . as though it were . . . rooted in earth . . . as well as in air . . . that church . . . and Champlain's island . . . taught us more . . . about New Brunswick . . . and its people . . . than is learned from books . . . here and there . . . among the sea pines . . . the scarlet banners . . . of the maples . . . were beginning to flame . . . and all about . . . lay the sea . . . at Saint Stephen . . . beside the Saint Croix River . . . they have made a hospital . . . out of a beautiful old house . . . twice a day . . . the tide ebbs and flows . . . and the patients lie there quietly . . . and watch it . . . and listen to the crows and gulls . . . squabbling over queer finds . . . they dig up . . . at the water's edge . . . this seems the sort of place . . . patients ought to be . . . the patients we saw . . . seemed to think so too . . . in Charlotte County . . . the lovely art of weaving . . . is not given over to machines . . . the wool is grown . . . the threads are spun . . . the loom is set . . . by Charlotte County women . . . in their homes . . . strange and lovely dyes . . . make up the patterns . . . gray for the mist and rain . . . brown for the rocks . . . blue for the sea . . . gold for the sunset . . . purple for the mountain ridges . . . crimson for the maples . . . green for the sea pines . . . the landscape itself . . . is entangled . . . in the warp and woof . . . delicate yet strong . . . sombre yet gay . . . like the people . . . who live down there . . . when we go to bed . . . on cold nights next winter . . . we shall gather . . . the mantle of our couch . . . about us . . . in a lordly manner . . . not every one . . . is privileged . . . as we are . . . to wrap themselves up . . . in a Charlotte County sunset . . . entangled in the threads . . . of a mist . . . something tells us . . . that we shall return . . . to the Maritimes . . . some day . . . those weaving women . . . in Charlotte County . . . have cast a spell over us . . . and will draw us back . . . into their web . . . delicate yet strong . . . sombre yet gay . . . which has been . . . in the weaving . . . since sixteen hundred . . . and four . . . also we have a brief . . . for those noisy crows . . . who trouble the sleep . . . of nurses in Saint Stephen . . . one of these heartless women . . . in sheer exasperation . . . once tried to shoot . . . a very black one . . . of course she missed . . . he was not behind her . . . the last time we saw him . . . he was fighting a gull . . . and swearing horribly . . . she will never get him . . . and we are glad . . . he has been there . . . since 1824 . . . the year they completed . . . Greenock Church . . . where the tree is . . .

Official Directory

International Council of Nurses:

Secretary, Miss Christiane Reimann, 14 Quai des Eaux-Vives, Geneva, Switzerland

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ONTARIO

Registered Nurses Association of Ontario (Incorporated 1925)

President, Miss Marjorie Buck, Norfolk General Hospital, Simcoe; First Vice-President, Miss Dorothy Percy, Rm. 321, Jackson Bldg., Ottawa; Second Vice-President, Miss Constance Brewster, General Hospital, Hamilton; Secretary-Treasurer, Miss Matilda E. Fitzgerald, 380 Jane St., Toronto; Chairman, Nurse Education Section, Miss S. Margaret Jamieson, Peel Memorial Hospital, Brampton; Chairman, Private Duty Section, Miss Clara Brown, 23 Kendal Ave., Toronto; Chairman, Public Health Section, Mrs. Agnes Haygarth, Provincial Department of Health, Parliament Bldgs., Toronto; *District No. 1*: Chairman, Miss Priscilla Campbell, Public General Hospital, Chatham; Secretary-Treasurer, Miss Lila Curtis, 78 Forest St., Chatham; *Districts 2 and 3*: Chairman, Miss Jessie M. Wilson, General Hospital, Brantford; Secretary-Treasurer, Miss Edith Jones, 253 Grenwich St., Brantford; *District No. 4*: Chairman, Miss Constance Brewster, General Hospital, Hamilton; Secretary-Treasurer, Mrs. Eva Barlow, 211 Stinson St., Hamilton; *District No. 5*: Chairman, Miss Dorothy Mickleborough, Provincial Dept., of Health, Parliament Bldgs., Toronto; Secretary-Treasurer, Miss Irene Weira, 198 Manor Road East, Toronto; *District No. 6*: Chairman, Miss Rebecca Bell, General Hospital, Port Hope; Secretary-Treasurer, Miss Dorothy MacBrien, Nicholls Hospital, Peterboro; *District No. 7*: Chairman, Miss Louise D. Acton, General Hospital, Kingston; Secretary-Treasurer, Miss Olivia Wilson, General Hospital, Kingston; *District No. 8*: Chairman, Miss Dorothy Percy, Rm. 321, Jackson Bldg., Ottawa; Secretary-Treasurer, Miss A. G. Tanner, Civic Hospital, Ottawa; *District No. 9*: Chairman, Miss Katherine MacKenzie, 155 Second Ave. W., North Bay; Secretary-Treasurer, Miss Robena Buchanau, 197 First Ave. E., North Bay; *District No. 10*: Chairman, Mrs. Marion Edwards, 226 N. Harold St., Fort William; Secretary-Treasurer, Miss Ethel Stewardson, McKellar General Hospital, Fort William.

District No. 8 Registered Nurses Association of Ontario

Chairman: Miss D. M. Percy, Vice-Chairman: Miss M. B. Anderson; Secretary-Treasurer, Miss A. G. Tanner, Ottawa Civic Hospital; Councillors, Misses E. C. McIlraith, M. Graham, M. Slinn, A. Brady, M. Robertson, R. Pridmore; Conveners of Committees, Membership, Miss E. Rochon; Publications, Miss E. C. McIlraith; Nursing Education, Miss M. E. Acland; Private Duty, Miss J. L. Church; Public Health, Miss M. Robertson.

District 10, Registered Nurses Association of Ontario

Chairman: Mrs. F. M. Edwards; Vice-Chairman, Miss V. Lovelace; Secretary-Treasurer, Miss E. Stewardson, McKellar Hospital, Fort William; Councillors: Nurse Education, Miss B. Bell; Publication, Miss Robinson; Private Duty, Miss Elliott; Public Health, Miss Hamilton; Membership, Miss Chivers Wilson and Miss Flannigan.

QUEBEC

Association of Registered Nurses of the Province of Quebec (Incorporated 1920)

Advisory Board, Misses Mary Samuel, L. C. Phillips, M. F. Hersey, Bertha Harmer, M. A. Mabel Clint, Rev. Mere M. A. Allaire, Rev. Soeur Augustine;

President, Miss Caroline V. Barrett, Royal Victoria Montreal Maternity Hospital; Vice President (English), Miss Margaret Moag, V.O.N., 1246 Bishop Street, Montreal; Vice-President (French), Rev. Soeur Allard, Hotel-Dieu de St. Joseph, Montreal; Hon. Secretary, Miss Elsie Alder, Royal Victoria Hospital; Hon. Treasurer, Miss Marion E. Nash, V.O.N., 1246 Bishop Street, Montreal. Other members: Miss Mabel K. Holt, The Montreal General Hospital, Mademoiselle Edna Lynch, Nursing Supervisor, Metropolitan Life Insurance Co., Montreal, Miss Sara Matheson, Apt. 24, 2151 Lincoln Ave., Miss Charlotte Nixon, 2276 Old Orchard Ave., Montreal, Rev. Soeur St. Jean-de-l'Eucharistie, Hopital Notre Dame, Montreal. Conveners of Sections: Private Duty (English), Miss Sara Matheson, Apt. 24, Haddon Hall Apts., 2151 Lincoln Ave., Montreal; (French) Mlle Alice Lepine, Hopital Notre Dame, Montreal; Nursing Education (English) Miss Martha Batson, The Montreal General Hospital, (French) Rev. Soeur Augustine, Hopital St. Jean-de-Dieu, Guelin, P.Q.; Public Health, Miss Marian Nash, V.O.N., Bishop Street, Montreal; Board of Examiners, Miss C. V. Barrett (Convener), Royal Victoria Maternity Hospital, Montreal, Mme R. D. Bourque, Universite de Montreal (Ecole d'Hygiene Appliquee), Melles Edna Lynch, Apt. 3, 4503 rue

St-Denis, Montreal, Laura Senecal, Hopital Notre Dame, Misses Rita Sutcliffe, 4635 Queen Mary Road, Montreal, Marion Lindeburgh, School for Graduate Nurses, McGill University, Montreal, Olga V. Lilly, Royal Victoria Montreal Maternity Hospital, Montreal; Executive Secretary, Registrar and Official School Visitor: Miss E. Frances Upton, Suite 221, 1396 St. Catherine St. W., Montreal.

SASKATCHEWAN

Saskatchewan Registered Nurses Association (Incorporated March, 1927)

President, Miss Elizabeth Smith, Normal School, Moose Jaw; First Vice-President, Miss R. M. Simpson, Department of Public Health, Regina; Second Vice-President, Miss M. McGill, Normal School, Saskatoon; Councillors, Sister Mary Raphael, Providence Hospital, Moose Jaw, Miss G. M. Watson, City Hospital, Saskatoon; Conveners of Standing Committees: Nursing Education, Miss G. M. Watson, City Hospital, Saskatoon; Public Health, Mrs. E. M. Feeny, Department of Public Health Regina; Private Duty, Miss M. R. Chisholm, 805 7th Ave. N., Saskatoon; Secretary-Treasurer and Registrar, Miss E. E. Graham, Regina College, Regina.

Associations of Graduate Nurses

ALBERTA

Calgary Association of Graduate Nurses

Hon. President Dr. H. A. Gibson; President, Miss P. Gilbert; First Vice-President, Miss K. Lynn. Second Vice-President, Miss F. Shaw; Recording Secretary, Mrs. F. V. Kennedy; Corresponding Secretary, Miss K. Shore; Treasurer, Miss M. Watt; Convener Private Duty Section, Miss P. Gilbert; Registrar, Miss D. Mott, 2219 2nd St. W.

Edmonton Association of Graduate Nurses

President, Miss Ida Johnson; First Vice-President, Miss P. Chapman; Second Vice-President, Miss E. Fenwick; Recording Secretary, Miss Violet Chapman, Royal Alexandra Hospital, Edmonton; Press and Corresponding Secretary, Miss Clow, 11138 Whyte Ave., Edmonton; Treasurer, Miss M. Staley, 9838-108th St., Edmonton; Registrar, Miss Sproule, 11138 Whyte Ave., Edmonton.

Medicine Hat Graduate Nurses Association

President, Miss M. Hagerman; First Vice-President, Miss Gilchrist; Second Vice-President, Miss J. Jorgenson; Secretary, Miss May Reid, Nurses' Home; Treasurer, Miss F. Ireland, 1st St.; Medicine Hat; Committee Conveners: New Membership, Mrs. C. Wright; Flower, Mrs. M. Tobin; Private Duty Section, Mrs. Chas. Pickering; Correspondent, "The Canadian Nurse", Miss F. Smith. Regular meeting first Tuesday in month.

BRITISH COLUMBIA

Nelson Graduate Nurses Association

Hon. President, Miss K. E. Gray, Superintendent, Kootenay Lake General Hospital; President, Mrs. J. P. Gussin; First Vice-President, Miss M. Madden; Second Vice-President, Miss P. Gausner; Third Vice-President, Miss A. Houston; Secretary-Treasurer, Miss M. McLeod, Box 905, Nelson, B.C.

Vancouver Graduate Nurses Association

President, Miss K. Sanderson, 1310 Jarvis St., Vancouver; First Vice-President, Miss M. D. MacDermot, Preventorium, 2765-21st Ave. E., Vancouver; Second Vice-President, Miss J. Davidson; Secretary, Miss F. H. Walker, General Hospital, Vancouver; Treasurer, Miss L. G. Archibald, 536-12th Ave. W., Vancouver; Council, Misses G. M. Fairley, M. F. Gray, M. Duffield, J. Johnston, J. Kilburn; Conveners of Committees: Finance, Mrs. Farrington; Directory, Miss M. I. Teulon; Social, Miss M. I. Hall; Programme, Miss G. Archibald; Sick Visiting, Miss C. Cooper; Membership, Miss M. Mirfield; Local Council of Women, Misses M. F. Gray, M. Duffield; Press, Mrs. D. K. Simms.

Victoria Graduate Nurses Association

Hon. Presidents, Miss L. Mitchell, Sister Superior Ludovic; President, Miss E. J. Herbert; First Vice-President, Miss D. Frampton; Second Vice-President, Miss C. McKenzie; Secretary, Miss I. Helgesen; Treasurer, Miss W. Cooke; Registrar, Miss E. Franks, 1035 Fairfield Road, Victoria; Executive Committee, Miss E. B. Strachan, Miss H. Cruikshanks, Miss E. McDonald, Miss C. Kenny, Miss E. Cameron.

MANITOBA

Brandon Graduate Nurses' Association

Hon. President, Miss E. Birtles; Hon. Vice-President, Mrs. W. Shillinglaw; President, Miss E. G. McNally; First Vice-President, Miss Janet Anderson; Second Vice-President, Mrs. Lula Fletcher; Secretary, Miss Jessie Munro, 243 12th St.; Treasurer, Mrs. M. Long; Conveners of Committees: Social and Programme, Mrs. Eldon Hannah; Sick and Visiting, Mrs. Rowe Fisher; Welfare, Miss Gertrude Hall; Press Reporter, Miss Helen Morrison; Cook Book, Mrs. J. M. Kains; Registrar, Miss C. M. Macleod.

ONTARIO

Graduate Nurses Alumnae, Welland

Hon. President, Miss E. Smith, Superintendent, Welland General Hospital; Hon. Vice-President, Miss M. Hall, Welland General Hospital; President, Miss D. Saylor; Vice-President, Miss B. Saunders; Secretary, Miss M. Rinker, 28 Division St.; Treasurer, Miss B. Eller; Executive, Misses M. Peddie, M. Tufts, B. Clothier and Mrs. P. Brasford.

QUEBEC

Graduate Nurses Association of the Eastern Townships

Hon. President, Miss V. Beane; President, Miss H. Hetherington; First Vice-President, Miss G. Dwan; Second Vice-President, Miss N. Arguin; Recording Secretary, Miss P. Gustafson; Corresponding Secretary, Miss M. Mason, 151a London St., Sherbrooke, P.Q.; Treasurer, Miss M. Robins; Representative, Private Duty Section, Miss M. Morrisette; Representative, "The Canadian Nurse", Miss C. Hornby, Box 324, Sherbrooke, P.Q.

Montreal Graduate Nurses' Association

Hon. President, Miss L. C. Phillips; President, Miss Christine Watling, 1230 Bishop Street; First Vice-President, Miss Sara Matheson; Second Vice-President, Mrs. A. Stanley; Secretary-Treasurer and Night Registrar, Miss Ethel Clark, 1230 Bishop Street; Day Registrar, Miss Kathleen Bliss; Relief Registrar, Miss H. M. Sutherland; Convener Griffintown Club, Miss G. Colley. Regular Meeting, Second Tuesday of January, first Tuesday of April, October and December.

SASKATCHEWAN**Moose Jaw Graduate Nurses Association**

Hon. Advisory President, Miss Cora Keir; Hon. President, Miss Beth Smith; President, Mrs. M. Young; First Vice-President, Miss M. Armstrong; Second Vice-President, Miss L. French; Secretary-Treasurer, Miss F. Caldwell, 262 Athabasca E.; Registrar, Miss C. Keir; Conveners of Committees: Nursing Education, Miss Last; Private Duty, Miss Wallace; Constitution and By-laws, Miss Lamond; Programme, Miss G. Taylor; Sick and Visiting, Miss McIntyre; Social, Miss Lowry; "The Canadian Nurse", Miss M. McQuarrie; Press Representative, Mrs. Philips.

Alumnae Associations**ALBERTA****A.A., Royal Alexandra Hospital Edmonton**

Hon. President, Miss F. Munroe; President, Mrs. Scott Hamilton; First Vice-President, Miss V. Chapman; Second Vice-President, Mrs. C. Chinneck; Recording Secretary, Miss G. Allyn; Corresponding Secretary, Miss A. Oliver, Royal Alexandra Hospital; Treasurer, Miss E. English, Suite 2, 10014 112 Street.

A.A., Holy Cross Hospital, Calgary

President, Mrs. L. de Satge; Vice-President, Miss A. Willison; Recording Secretary, Miss E. Thom; Corresponding Secretary, Miss P. N. Gilbert; Treasurer, Miss S. Craig; Honorary Members, Rev. Sœur St. Jean de l'Eucharistie, Miss M. Brown.

A.A., Lamont Public Hospital

Hon. President, Miss F. E. Welsh; President, Mrs. B. I. Love; Vice-President, Miss O. Scheie; Secretary-Treasurer, Mrs. C. Craig, Namao; Corresponding Secretary, Miss F. E. Reid, 1009 20th Avenue, W., Calgary; Convener, Social Committee: Mrs. R. Shears.

BRITISH COLUMBIA**A.A. St. Paul's Hospital, Vancouver**

Hon. President, Rev. Sister Superior; Hon. Vice-President, Sister Therese Amable; President, Miss B. Geddes; Vice-President, Miss R. McKernan; Secretary, Miss F. Treavor, Assistant Secretary, Miss V. Dyer; Treasurer, Miss B. Muir; Executive, Misses M. McDonald, E. Berry, I. Clark, V. Pearce, S. Christie, R. McGillivray, K. McDonald.

A.A., Vancouver General Hospital

Hon. President, Miss Grace Fairley; President, Mrs. G. E. Gillies; First Vice-President, Miss J. Hardy; Second Vice-President, Miss E. Erskine; Secretary, Mrs. J. Jones, 3681 2nd Ave. W.; Assistant Secretary, Miss M. Grainger; Treasurer, Miss A. Geary, 3176 West 2nd Ave.; Committee Conveners—Programme, Miss C. Tretheway; Bond, Miss D. Bullock; Sick Visiting, Miss O. Shore; Sewing, Mrs. R. Gordon; Membership, Miss F. Verchere; Sick Benefit Fund, Miss I. McVicar; Representatives: Local Press, Mrs. R. Gordon; V.G.N.A., Miss Wilson.

A.A., Jubilee Hospital, Victoria

Hon. President, Miss L. Mitchell; President, Miss Jean Moore; First Vice-President, Mrs. Yorks; Second Vice-President, Miss J. Grant; Secretary, Mrs. A. Dowell, 30 Howe St.; Assistant Secretary, Miss J. Stewart; Treasurer, Miss C. Todd; Entertainment Committee, Miss I. Goward; Sick Nurse, Miss E. Newman.

MANITOBA**A.A., Children's Hospital, Winnipeg**

Hon. President, Miss M. B. Allan; President, Miss Catherine Day; First Vice-President, Miss Edith Jarrett; Secretary, Miss Elsie Fraser, Children's Hospital, Winnipeg; Treasurer, Miss M. Hughes, 15 Mount Royal Apts., Winnipeg; Sick Visiting Committee, Miss M. Atkinson; Entertainment Committee, Mrs. Geo. Wilson.

A.A., St. Boniface Hospital, St. Boniface

Hon. President, Rev. Sr. Krause, St. Boniface Nurses Home; President, Miss Clara Miller, 825 Broadway, Wpg.; First Vice-President, Miss H. Stephen, 15 Ruth Apts., Maryland St., Wpg.; Second Vice-President, Miss M. Madill, F. Ashford Blk., Wpg.; Secretary, Miss Jeannie Archibald, Shriners Hospital, Wpg.; Treasurer, Miss Etta Shirley, 14 King George Ct., Wpg.; Social Convener, Miss K. McCallum, 181 Enfield Cr., Norwood; Sick Visiting Convener, Miss B. Greville, 211 Hill St., Norwood; Rep. to Local Council of Women, Miss M. Rutley, 12 Eugenie Apts., Norwood; Representative to Press, Mrs. S. G. Kerr, 753 Wolseley Ave., Wpg.

A.A., Winnipeg General Hospital

Hon. President, Mrs. A. W. Moody, 97 Ash St.; President, Miss E. Parker, Ste. 25 Carlyle Apts., 580 Broadway; First Vice-President, Mrs. C. V. Combes, 530 Dominion St.; Second Vice-President, Miss J. McDonald, Deer Lodge Hospital; Third Vice-President, Miss E. Yussack, 867 Magnus Ave.; Recording Secretary, Miss J. Landy, Winnipeg General Hospital; Corresponding Secretary, Miss M. Graham, Winnipeg General Hospital; Treasurer, Miss M. C. McDonald, Central Tuberculosis Clinic; Membership: Miss I. Ramsay, Central Tuberculosis Clinic; Sick Visiting, Miss J. Morgan, 102 Rose St.; Entertainment, Mrs. C. McMillan, Hertford Blvd., Tuxedo; Editor of Journal, Miss R. Monk, 134 Westgate; Business Manager, Miss E. Timlick, Winnipeg General Hospital; Special Committee, Miss P. Brownell, 215 Chestnut St.

ONTARIO**BELLEVILLE****A.A., Belleville General Hospital**

Hon. President, Miss Florence McIndoo; President, Miss M. A. Fitzgerald; Vice-President, Miss H. Molyneux; Secretary, Miss W. Almey; Treasurer, Miss B. Allen; Flower Committee, Miss H. Fitzgerald; Social Committee, Miss E. Wright; Representative to "The Canadian Nurse", Miss V. Humphries.

BRANTFORD**A.A., Brantford General Hospital**

Hon. President, Miss E. Muriel McKee, Superintendent; President, Miss K. Charnley; Vice-President, Miss G. Turnbull; Secretary, Miss H. D. Muir, Brantford General Hospital; Assistant Secretary, Miss V. Buckwell; Treasurer, Miss L. Gillespie, Gen'l Hospital, Brantford; Social Convener, Mrs. D. A. Morrison; Flower Committee, Mrs. E. Claridge, Miss F. Stewart; Gift Committee, Mrs. G. Andrews, Miss W. Laird; "The Canadian Nurse" and Press Representative, Miss D. Arnold; Chairman Private Duty Council, Miss E. M. Jones; Representative to Local Council of Women, Mrs. Reg. Hamilton.

BROCKVILLE**A.A., Brockville General Hospital**

Hon. President, Miss A. L. Shannette; President, Mrs. H. B. White; First Vice-President, Miss M. Arnold; Second Vice-President, Miss J. Nicholson; Third Vice-President, Mrs. W. B. Reynolds; Secretary, Miss B. Beatrice Hamilton, Brockville General Hospital; Treasurer, Mrs. H. F. Vandusen, 65 Church St.; Representative to "The Canadian Nurse", Miss V. Kendrick.

CHATHAM**A.A. Public General Hospital**

Hon. President, Miss P. Campbell; President, Miss D. Thomas; First Vice-President, Miss B. Pardo; Second Vice-President, Miss H. Simpson; Recording Secretary, Miss K. Crackel, 12 Duluth St., Chatham; Corresponding Secretary, Miss R. Willmore; Treasurer, Miss E. Mummary, 35 Emma St., Chatham; Representative, The Canadian Nurse, Miss M. McDougall.

A.A., St. Joseph's Hospital

Hon. President, Mother Mary; Hon. Vice-President, Sister M. Consolata; President, Miss Mary Doyle, Vice-President, Miss Marian Kearns; Secretary-Treasurer, Miss Letty Pettypiece; Executives, Misses Hazel Gray, Jessie Ross, Lena Chauvin, I. Salmon, Representative The Canadian Nurse; Miss Ruth Winter; Representative District No. 1, R.N.A.O., Miss Jean Lundy.

CORNWALL**A.A., Cornwall General Hospital**

Hon. President, Mrs. J. Boldick; President, Miss Mary Fleming; First Vice-President, Miss Kathleen Burke; Second Vice-President, Miss Bernice McKillop; Secretary-Treasurer, Miss C. Droppo, Cornwall General Hospital; Representative: THE CANADIAN NURSE, Miss H. C. Wilson, Cornwall General Hospital.

GALT**A.A., Galt Hospital**

President, Miss G. Rutherford; Vice-President, Mrs. F. L. Roelofson; Secretary, Miss L. MacNair, 91 Victoria Ave.; Treasurer, Miss A. McDonald; Flower Committee Convener, Miss E. Hyslop.

GUELPH**A.A., Guelph General Hospital**

Hon. President, Miss S. A. Campbell, Supt. Guelph General Hospital; President, Miss C. S. Zeigler; First Vice-President, Miss D. Lambert; Second Vice-President, Miss M. Darby; Secretary, Miss N. Kenney; Treasurer, Miss J. Watson; Committees: Flower, Miss R. Speers, Miss I. Wilson; Social, Mrs. M. Cockwell (Convener); Programme, Miss E. M. Eby (Convener); Representative "The Canadian Nurse", Miss Marion Wood.

HAMILTON**A.A., Hamilton General Hospital**

Hon. President, Miss E. C. Rayside, Hamilton General Hospital; President, Miss Helen Aitken; Vice-President, Mrs. Hess, 139 Wellington St.; Recording Secretary, Miss D. McRobbie, 9 Ontario Ave.; Corresponding Secretary, Miss E. Gayfer; Treasurer, Miss Helen Buhler, 549 Main St.; Secretary-Treasurer Mutual Benefit Association, Miss D. Watson, 145 Emerald St. S.; Legal Adviser, Mr. F. F. Treleaven; Executive Committee, Miss M. Buchanan (Convener), Mrs. M. Barlow, Misses J. Souter, Hannah, Livingstone, Helin; Programme Committee, Miss Dixon (Convener), Misses Murray, MacIntosh, Galloway, Bennett, Pegg; Flower and Visiting Committee, Miss M. Sturrock (Convener), Misses Squires and Burnett; Representatives to Local Council of Women, Miss Burnett (Convener), Mrs. Hess, Miss E. Buckbee, Miss C. Harley; Representative to R.N.A.O., Miss G. Hall, Representatives to Registry Committee, Misses A. Nugent (Convener), Burnett, I. MacIntosh, Florence Leadley, E. Davidson, Margaret Clark, I. Buscombe, H. Aitken, Binkley, Pegg; Representative to Women's Auxiliary, Mrs. Stephen; Representative to "The Canadian Nurse" Misses Scheiffe, E. Bell, R. Burnett.

A.A., St. Joseph's Hospital, Hamilton

Hon. President, Mother Martina; President, Miss Eva Moran; Vice-President, Miss F. Nicholson,

Secretary; Miss Mabel MacIntosh, 48 Locomotive Street; Treasurer, Miss M. Kelly, 43 Gladstone Avenue; Representative Canadian Nurse: Miss B. Cronin, 103 Augusta Street; Representative R.N.A.O.: Miss J. Morin.

KINGSTON**A.A., Hotel Dieu, Kingston**

Hon. President, Rev. Sister Donovan; President, Mrs. W. G. Elder; Vice-President, Mrs. A. Hearn; Secretary, Miss Olive McDermott; Treasurer, Miss Genevieve Pelow; Executive, Mrs. L. Cochrane, Misses K. McGarry, M. Cadden, J. O'Keefe; Visiting Committee, Misses N. Speagle, L. Sullivan, L. La Roque; Entertainment Committee, Mrs. R. W. Clarke, Misses N. Hickey, B. Watson.

A.A., Kingston General Hospital

Hon. President, Miss Louise D. Acton; President, Miss Ann Baillie; First Vice-President, Miss Carrie Milton; Second Vice-President, Miss Olivia M. Wilson; Third Vice-President, Miss A. Walsh; Secretary, Miss Anne Davis, 464 Frontenac St.; Treasurer, Mrs. C. W. Mallory, 203 Albert St.; Convener Flower Committee, Mrs. Sidney Smith, 151 Alfred St.; Press Representative, Miss Mary Wheeler, Kingston General Hospital; Private Duty Section, Miss Constance Sandwith, 235 Alfred St.

KITCHENER**A.A., Kitchener and Waterloo General Hospital**

Hon. President, Miss K. W. Scott; President, Mrs. Wm. Noll; First Vice-President, Mrs. W. Ziegler; Second Vice-President, Miss Elsie Trousse; Secretary, Miss Winnifred Nelson, Apt. D. 58 Albert St. N.; Assistant-Secretary, Miss Jean Sinclair; Treasurer, Miss M. Orr.

LINDSAY**A.A., Ross Memorial Hospital**

Hon. President, Miss E. S. Reid; President, Miss O. Williamson; First Vice-President, Miss L. Harding; Second Vice-President, Miss D. Schofield; Treasurer, Mrs. V. Cresswell; Corresponding Secretary, Miss B. Robertson, 14 Russell St., W.; Flower Convener, Miss K. Mortimore; Social Convener, Mrs. G. Allen.

LONDON**A.A., St. Joseph's Hospital**

Hon. President, Mother M. Pascal; Hon. Vice-President, Sister St. Elizabeth; President, Miss Florence Connolly; First Vice-President, Miss Olive O'Neil; Second Vice-President, Miss Gertrude Dietrick; Recording Secretary, Miss Gladys Martin; Corresponding Secretary, Miss Irene Griffen; Treasurer, Miss Orpha Miller; Press Representative, Miss Madalene Baker; Representatives to Registry Board: Misses R. Rouatt, E. Armishaw, F. Connolly.

A.A., Victoria Hospital

Hon. President, Miss Hilda Stuart; Hon. Vice-President, Mrs. A. E. Silverwood; President, Miss M. M. Jones, 257 Ridout St. S., London; First Vice-President, Miss C. Gillies; Second Vice-President, Miss M. McLaughlin; Treasurer, Miss M. Thomas, 490 Piccadilly St., London; Secretary, Miss V. Ardiel, Corresponding Secretary, Miss G. Hardy, 645 Queen's Ave., London; Board of Directors, Misses Mortimer, Walker, Yule, Malloch, McGugan, Mrs. H. Smith.

NIAGARA FALLS**A.A., Niagara Falls General Hospital**

Hon. President, Miss M. S. Park; President, Miss G. Thorpe; First Vice-President, Miss H. Scholfield; Second Vice-President, Miss K. Prest; Secretary-Treasurer, Miss I. Hammond, 632 Ryerson Crescent, Niagara Falls; Corresponding Secretary, Miss F. Loftus; Auditors, Mrs. M. Sharpe, Miss F. Loftus; Sick Committee, Miss V. Coutts, Miss A. Pirie and Mrs. J. Teal.

ORANGEVILLE**A.A., Lord Dufferin Hospital**

Hon. President, Mrs. O. Fleming; President, Miss L. M. Sproule; First Vice-President, Miss V. Lee; Second Vice-President, Miss I. Allen; Corresponding Secretary, Miss M. Bridgeman; Recording Secretary, Miss E. M. Hayward; Treasurer, Miss A. Burke.

ORILLIA

A.A., Orillia Soldiers' Memorial Hospital

Hon. President, Miss E. Johnston; President, Miss G. M. Went; First Vice-President, Miss L. Whittton; Second Vice-President, Miss M. Harvie; Secretary-Treasurer, Miss Alice M. Smith, 112 Peter St. N. Regular Meeting—First Thursday of each month.

OSHAWA

A.A., Oshawa General Hospital

Hon. President, Miss E. MacWilliams; President, Miss Jessie McIntosh, 39 Simcoe St. N.; Vice-President, Miss Jean Thompson; Secretary, Miss Jessie McKinnon, 134 Alice St.; Asst-Secretary, Miss Irene Goodman, 512 Simcoe St. N.; Corr-Secretary, Miss Jean Stewart, 134 Alice St.; Treasurer, Mrs. W. Luke, Madison Apts., Simcoe St. S.

OTTAWA

A.A. Lady Stanley Institute (Incorporated 1918)

Hon. President, Miss M. A. Catton, Carleton Place; President, Miss J. Blyth, Civic Hospital; Vice-President Miss M. McNice, Perley Home; Secretary, Mrs. R. L. Morton, 29 Clegg St.; Treasurer, Miss M. C. Slinn, 204 Stanley Ave.; Board of Directors, Miss E. McColl, Miss S. McQuade, Miss L. Bedford, Mrs. E. C. Elmitt; Representative "The Canadian Nurse", Miss A. Ebbs, 80 Hamilton Ave.; Representative to Central Registry, Miss R. Pridmore, 90 Third Ave.; Press Representative, Miss E. Allen.

A.A., Ottawa Civic Hospital

Hon.-President, Miss Gertrude Bennett; President, Miss Edna Osborne; 1st Vice-President, Miss Dorothy Moxley; 2nd Vice-President, Miss Lera Barry; Recording Secretary, Miss Martha McIntosh; Corresponding Secretary, Miss M. Downey; Treasurer, Miss Winifred Gemmell; Councillors, Miss K. Clarke, Miss Webb, Miss G. Frats, Miss B. Eddy, Miss E. Lyons; Representatives to Central Registry, Miss Inda Kemp, Miss K. Clarke, Press-Correspondent, Miss Evelyn Pepper; Convener Flower Committee, Miss M. MacCallum.

A.A. Ottawa General Hospital

Hon. President, Rev. Sr. Flavie Domitille; President, Miss K. Bayley; First Vice-President, Miss G. Clark; Second Vice-President, Miss M. Munroe; Secretary-Treasurer, Miss D. Knox; Membership Secretary, Miss M. Daley; Representatives to Local Council of Women, Mrs. J. A. Latimer, Mrs. E. Viau, Mrs. L. Dunne, Miss F. Nevins; Representatives to Central Registry, Miss M. O'Hare, Miss A. Stackpole; Representative to "The Canadian Nurse", Miss Kitty Ryan.

A.A., St. Luke's Hospital

Hon. President, Miss Maxwell; President, Miss Doris Thompson; Vice-President, Miss Diana Brown; Secretary, Mrs. J. Pritchard; Treasurer, Miss May Hewitt; Nominating Committee, Misses Sadie Clark, Mina MacLaren, Hazel Lyttle.

OWEN SOUND

A.A. Owen Sound General and Marine Hospital

Hon. President, Miss B. Hall; President, Miss Cora Thompson; First Vice-President, Miss F. Rae; Second Vice-President, Miss C. Maxwell; Sec.-Treasurer, Miss Mary Paton; Asst.-Secretary-Treasurer, Miss J. Agnew; Flower Committee, Miss Alma Weedon, Miss Marjorie Ellis and Mrs. J. Burns; Programme Committee, Miss M. Cruikshanks, Miss Cora Stewart; Press Representative, Miss M. Story; Lunch Committee, Miss Leone McDonald, Miss R. Duncan, Mrs. L. Burns; Auditor, Miss M. Simpson.

PETERBORO

A.A., Nicholls Hospital

Hon. President, Mrs. E. M. Leeson; President, Miss H. Anderson, 710 George St.; First Vice-President, Miss L. Simpson; Second Vice-President, Miss M. Watson, Secretary, Miss F. Vickers, 738 George St.; Corresponding Secretary, Miss E. McBrien; Treasurer, Miss L. Ball, 641 Water St.; Convener Social Committee; Mrs. Roy White; Convener of Flower Committee, Mrs. Ray Pogue.

PETROLEA

A.A. Charlotte Eleanor Englehart Hospital

Honorary President: Miss F. C. Ritchie; President: Miss V. Drope; Vice-President: Miss M. McPhedran; Recording Secretary: Miss S. Wilson; Corresponding Secretary: Miss M. Taylor; Treasurer: Mrs. W. Wilson; Committee Convener: Social, Miss V. McRae; Programme, Miss O. Mannen; Sick Visiting: Miss C. Simpson.

SARNIA

A.A., Sarnia General Hospital

Hon. President, Miss M. Lee; President, Miss L. Segrist; Vice-President, Miss A. Cation; Secretary, Miss A. Silverthorn; Treasurer, Miss A. Wilson; The Canadian Nurse, Miss C. Medcroft; Flower Committee (Convener) Miss D. Shaw; Programme and Social Committee, Miss L. Segrist.

STRATFORD

A.A., Stratford General Hospital

Hon. President, Miss A. M. Munn; President, Miss F. Kudoba; Vice-President, Mrs. E. C. Moulton; Secretary-Treasurer, Miss A. Rock, 97 John St., Stratford; Corresponding Secretary, Miss L. McNairn. Social Convener, Miss L. Atwood.

ST. CATHARINES

A.A., Mack Training School

Hon. President, Miss Anne Wright, Superintendent, General Hospital; President, Miss Florence McAter, General Hospital; First Vice-President, Miss Nora Nold, General Hospital; Second Vice-President, Miss Margaret McClunie, 59 Chaplin Ave.; Secretary-Treasurer, Miss Janette Hastie, General Hospital; Press Correspondent, Miss E. Horton, South St.; "The Canadian Nurse" Representative, Miss Gertrude Fetherstone, 17 Hainer St.; Social Committee (Convener), Miss Mildred Strong, General Hospital; Programme Committee (Convener), Miss Helen Brown, General Hospital.

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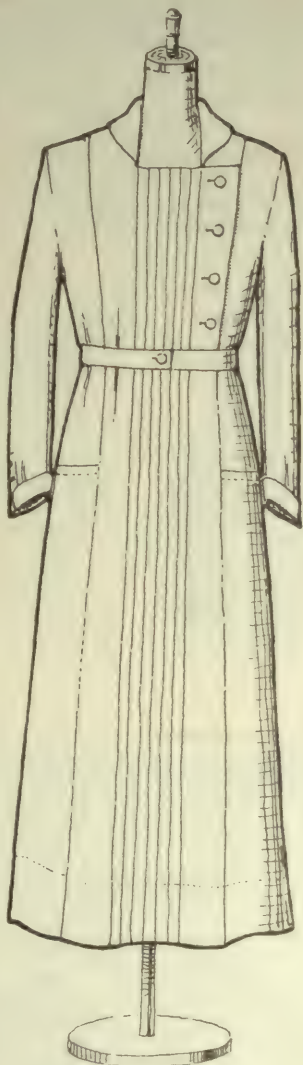
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In Memoriam

MISS MARY AGNES SNIVELY

On a golden autumn day, Miss Snively was laid at rest beside the graves of her father and mother in the St. Catharines Cemetery. Earlier in the day hundreds of her friends attended her last reception in Calvin Presbyterian Church, Toronto. Although the frail body no longer lived and moved, the strong personality of this great and good woman was quite undimmed. If funerals are sad, then the last rites for the beloved dead could not be called a funeral, for peace not sadness prevailed in the hearts of those who came to honour her. A long life well lived has its own glory at the end.

Those who knew Miss Snively at all well would, I think, agree that she was a personage—the kind found but seldom in any generation. She had a rare combination of strong qualities. In her professional work, she was a rigid disciplinarian, both of herself and others, and although she mellowed in later life, she was always readily recognized as one born to command. She had an indomitable will. Not only was this seen in the early days of her pioneer work in the field of nursing, but even at the last, although she accepted the inevitable with Christian grace, she would not compromise with death

on easy terms. She had a rapier-like mind, so that it was a joy to watch her analyse situations and problems. Her keen intelligence enabled her to go straight to the heart of things and grasp implications and shades of meaning with instant accuracy. It was her statesmanship that made her a shrewd administrator, but it was her sense of humour, her kindness and social graces that endeared her to her friends.

The story of how Miss Snively entered on a career of nursing may bear retelling. As a young school teacher in St. Catharines, she was a close friend of Isobel Hampton and Louise Darch, both of them teachers and both afterwards celebrated nurses in the United States. It was Miss Darch who first advised Miss Snively to train as a nurse, but her mother would not give her consent to anything so radical. After Miss Hampton entered the Bellevue Training School, New York, she began trying to induce Miss Snively to come too. It was not until after Miss Hampton had spent part of her first holidays with Miss Snively that her mother finally gave her consent.

In October, 1882, Miss Snively left her much loved home in St.

Catharines for New York, and entered the Bellevue Hospital Training School. She graduated in 1884, and immediately after she accepted the position of Lady Superintendent of the Toronto General Hospital.

An attempt had been made in 1881 to establish a training school for nurses in the Toronto General Hospital. Before this date, the nursing had been done by untrained and, for the most part, illiterate women. In three years, three appointments had been made by the Board for the position of Lady Superintendent. It is obvious, therefore, that the situation was bristling with difficulties and it required a woman of Miss Snively's courage to stay and face it.

Stay and face it she did, and out of conditions which today we find hard to imagine, she developed a skilled nursing service and a training school for nurses. When she left in 1910 she handed onto her successor a school which was not only thoroughly organized but which was known at home and abroad as embodying the highest ideals in nursing.

Miss Snively was quick to realize that in order to maintain standards, there must be solidarity behind them, and solidarity can come only through organization. For years she had belonged to the American Nurses Association, but it was not until 1907 that she and other outstanding members of the nursing profession were able to organize the first Canadian Association. It was known as "The Canadian Superintendents' Association." In 1908 Miss Snively founded the Canadian National Association of Trained Nurses. Every nurse whose qualifications came up to specified requirements was eligible for membership in this body. It was a truly national organization with members from coast to

coast. Later the name was changed to "The Canadian Nurses Association". Miss Snively was also one of the foundation members of the International Council of Nurses and acted for several years in the capacity of treasurer.

In 1909 Miss Snively brought added prestige to Canadian nurses by affiliating the National Association with the International Council of Nurses at its triennial meeting in London, England. It was on this occasion that an honour which she valued very highly was conferred on her. Permission was given to her by King Edward VII to place a wreath on Queen Victoria's grave in Frogmore. The address which she gave on this occasion and the letter conveying the King's thanks are now treasured possessions of the National Office of The Canadian Nurses Association.

After her retirement in 1910, Miss Snively went abroad for over a year, staying in England, Ireland, Scotland, Germany and Switzerland. When she returned, she settled in Toronto and gave much of her time to church and social service work.

All her life she was intensely interested in the work of foreign missions. She helped native women in India to be educated as doctors; she maintained Bible-women in Formosa and sixteen years ago she started a school for children in one of the neglected villages of China. In order to carry on all these good works, Miss Snively had to sacrifice many of the comforts of life. She said little about it, and only a few very intimate friends have ever known the extent of her missionary enterprises.

Until two and a half years ago, she lived in a boarding house. Then the Board of Governors of the Toronto General Hospital very kindly made suitable arrangements for



MISS MARY AGNES SNIVELY

1847 — 1933

Honorary President and Life Member of the Canadian Nurses Association; Founder of the Canadian National Association of Trained Nurses, and first President, 1908-1912; Foundation Member of the International Council of Nurses, and first Honorary Treasurer of that Organization, afterwards a Vice-President for a period of four years; Superintendent of Nurses, Toronto General Hospital, Toronto, 1884-1910.

her on the ground floor of the new Private Patients' Pavilion. This brought her back into an atmosphere she loved, and made it easier for doctors and nurses to call on her frequently. She held court in her attractive room, and many were the admirers, both old and young, who came to pay their respects to the regal lady with soft, cloudy hair, flashing eyes and eager mind.

Miss Snively's final illness lasted two months. If she had lived about six weeks longer, she would have reached her eighty-sixth birthday. Although full of years, she was not

really old, for she had within her certain vital elements which the passing of the years could not touch.

We proudly claim a place for Mary Agnes Snively among the great women of history. This we know, that in the future of Canada, wherever the nurse carries her gentle and scientific ministrations to the sick, wherever the public health nurse teaches the prevention of disease, wherever a hospital opens its doors to the needy, there will be felt the influence of this "Mother of Nurses" in Canada.

JEAN E. BROWNE.



Hail and Farewell

It was in the West that the news of the death of Mary Agnes Snively came to the editor of this *Journal*. First in Saskatchewan, then in Alberta, and again in British Columbia, tribute was paid to the memory of that great nurse by women many of whom had not known her personally, but who nevertheless had felt the influence of this fearless leader and teacher.

Naturally the first thought was: *She will not be with us at our Silver Jubilee next summer. It is as though we had lost our mother.*

Yet in a spiritual sense she will be with us. As long as the Canadian Nurses Association lives, its Founder will live. The torch of her devotion is ours to tend. The wind of death itself can not extinguish it, but only stirs it to a brighter flame.

The first letter to the new Editor was written by Miss Snively and remains a cherished possession. Its closing sentence is repeated here: *Into the future open a better way.* In humility and in affection that watchword is accepted. It will be as a light upon that high and rugged path trodden by Mary Agnes Snively — the way which leads to the stars.

PSYCHIATRIC NURSING

N. D. FIDLER, Reg. N.; Superintendent of Nurses, The Ontario Hospital, Whitby, Ontario.

This is a matter on which few people, I think, would feel at present that their opinions are definite or final, or on which they would care to be dogmatic. The whole question of psychiatric nursing education has only recently been seriously considered; and to many nurses psychiatric work appears only as a mysterious and rather bizarre specialty, which someone must undertake, but which is laborious, dangerous and not particularly interesting. Or they may grant that it is interesting, but still feel that it is something apart, for a few only; comparatively few will admit that it is absolutely basic and essential in the education of every nurse.

On the other hand, the need for psychiatrically trained nurses is admitted by all. A psychiatric nurse exists for the purpose either of assisting in the campaign for the prevention of mental illness, or to care for mentally ill patients; and there is, I suppose, no question in anyone's mind as to the prevalence of mental illness. We are dealing with types of disease so serious and so numerous as to fill more hospital beds than all other types combined; and this hospital population represents only a small proportion of the individuals who, due to mental difficulties, are not adjusting as effectively as they might.

Our contention is, however, that not only is any nurse better for having done mental nursing, but that no nurse who has not had this experience can be said to have had a complete and general nursing education. General nursing should not exclude any one type of disease;

and the mental hygiene insight is indispensable in handling every type of patient, whether his disability is predominantly mental or physical.

Educational Values

As one authority, I would like to quote from the report of the *Survey of Nursing Education in Canada*, which repeatedly stresses the need for the psychiatric experience. In the chapter on *The Public Health Nurse*, recommendation three reads:

More emphasis in the training of all nurses, but especially of public health nurses, should be devoted to mental hygiene and sociology. These courses should be as functional and applied as possible.

In *The Nurse and the Medical Profession* we read that in the appraisal of alleged defects most commonly found in graduate nurses from the viewpoint of a large number of physicians who were circularized, lack of tact in dealing with people ranks highest in order of both frequency and gravity. Although it is realized that intelligence is necessary for tact, it is also pointed out that it is not necessarily accompanied by tact. Tact, or social intelligence, is largely dependent on training, and we submit that psychiatric nursing should be one valuable form of such training.

Finally, in the questionnaire on the curriculum sent to three hundred representative private duty and public health nurses, they were asked to select from a list, in order of importance, the nursing activities which in the light of their

experience had been relatively neglected in the nursing school. The two hundred and fifty replies received, stated that in their opinion, such factors as "getting the patient mentally normal", "personality factors", "teaching the patient health habits", should have received nearly twice the attention they did. It was pointed out that in a number of training schools these factors had been almost entirely neglected.

We have said that psychiatric experience is necessary for all nurses. There are several reasons for this. In the first place, a patient cannot be neatly divided into a body and a mind, but must be treated as a whole personality. Psychiatry is part of general medicine, and psychiatric nursing cannot be regarded as separate and distinct from general nursing. We are always nursing a patient with an illness which is related to his whole make-up and to his social situation. It is doubtful if we ever have a patient who is absolutely normal mentally; most patients exhibit mental reactions which are, at least, slightly exaggerated forms of their usual behaviour. Some knowledge of the way our minds work—of what are called mental mechanisms—will obviously add to the nurse's effectiveness in such cases.

Moreover, this knowledge is necessary even in cases which are almost purely physical. The patient's attitude toward his illness and the nurse's understanding of that attitude, are of great significance in his prognosis. What can be more important than his emotional reaction to the situation? It is essential that the nurse should ask herself, and have some means of answering, such questions as: How does the patient feel about his condition? Is he normally hopeful;

unduly optimistic; apprehensive; fearful? If the reaction is not wholesome, is it merely an exaggeration of his usual behaviour, or are other outside factors adding to the strain of illness? His ideas regarding his illness may be distorted. Within the limits of his information, his conception of his illness should, normally, rather closely agree with that of the physician. His co-operation depends largely on his desire to get better—his will to health. Too easy acceptance of illness may be merely habit, or may be an escape, or, more or less consciously, may be for a purpose. In any of these situations, understanding of all the factors involved is necessary if the nurse is to guide the patient toward health.

The relationship of the nurse to any patient is made easier by a knowledge of the technics used in dealing with mental patients. The tact and the objective attitude necessarily acquired in dealing with patients who are easily upset or discouraged, or who are apt to misinterpret careless remarks, can be used to advantage in dealing with all other patients, and should tend to lessen undue sensitiveness on the part of the nurse. This can be extended, as has been recently pointed out, to the patient—hospital relationship. Many undesirable mental states can be attributed directly to hospital experiences. While some of these are due to forces beyond the nurse's control, many may be prevented by her. Such states of worry and irritation the nurse should be able to imagine and prevent.

The ability to think in this way should be developed through psychiatric nursing, which does not simply mean carrying out certain prescriptions—bath, diet and medication, important though these

remain. The diagnosis and the prescription of treatment is exclusively the work of the physician, but the nurse must definitely contribute to this treatment, both because she sees more of the patient, who for this reason often confides more easily in her, and because she must actually carry out a great part of the treatment. The teaching necessary to carry out much of the physician's plan for the patient requires time and

difficulties enlarged and exaggerated, but clearly recognizable. She sees the steps through which these minor disabilities developed into definite illness. Jealousy, suspiciousness, grievance reactions, are seen as the miniature picture of a paranoid reaction; the tendency to too ready emotional expression as the beginnings of a manic-depressive psychosis; and so on through various unwholesome reactions to which she may previous-



TWO OF THE RESIDENCES, THE ONTARIO HOSPITAL, WHITBY.

repetition and may be regarded as health teaching which falls within the province of the nurse.

Perhaps as important as any other use, however, is the fact that psychiatric experience should be for the nurse herself a very vital course in mental hygiene. The better knowledge of herself thus acquired not only secures better results for her patients, but should be a guarantee of her own health and efficiency. In the mentally ill patient, the nurse sees her own

ly have attached little significance. She learns that the foundation for most mental illness is laid in childhood, and the importance of child training; but also that even much later a person can change her responses through applying and practising the rules of mental health.

How is Psychiatric Experience Obtained?

The question of the method or methods of nursing psychiatric

patients and of giving psychiatric nursing experience, is at present the subject of much discussion. Some authorities maintain that an experienced attendant is just as useful, or more useful, than any other form of nursing care; others that only the best prepared and most intelligent type of nursing should be used for these patients, and that the nurse should be an important agent in guiding the patient through his readjustment. Some psychiatrists aver that a psychiatric nurse must be reared from the beginning in the atmosphere and traditions of the mental hospital to understand its problems; others that mental patients receive better care from the nurse who has had a comprehensive foundation to which further psychiatric experience has been added.

The teaching of psychiatric nursing is at present carried on chiefly by the following methods:

By an undergraduate school of nursing in a mental hospital, with affiliation at a general hospital.

By general hospital students affiliating at a psychiatric clinic or hospital during their undergraduate course.

By post-graduate study at a mental hospital.

The Mental Hospital School of Nursing

On this continent, nursing schools in mental hospitals were established about ten years after the first schools in general hospitals—that is, about 1882. The first organized course was at McLean Hospital in Massachusetts, and soon after nearly all mental hospitals in Canada and the United States were conducting training schools. These were established primarily for the same reason as those in general hospitals—to provide nursing care for the hospital.

These schools have improved and developed remarkably, under great difficulties and many of them give very fine lecture courses. The difficulty, of course, is the lack of clinical material, and of facilities for teaching the sciences basic in nursing. Surgical nursing cannot be taught where there is little or no surgery; and similarly with many other subjects in the curriculum of the general hospital school. Moreover, it is asking too much of any student to expect her to absorb the theory of a subject at one school, and, perhaps months later, take it with her to another school and apply and incorporate it into her nursing practice there. The result has tended to be that the rich psychiatric teaching resources in the mental hospital are neglected in the endeavour to enable the student to compete with general hospital students at the registration examinations.

Affiliation for Psychiatry

This is unfortunately not an absolute requirement in the minimum curriculum for Ontario and is not necessary for provincial registration. A brief lecture course in mental diseases is outlined, and practical experience is recommended, but not insisted upon. Lectures alone will influence few students toward this field. Recently in this province, we have made a start in this direction, and several of the general hospitals in the city send students to the Toronto Psychiatric Hospital for a three months' course in psychiatric nursing.

Even these schools, however, send only a small percentage of their senior classes. It is recognized, of course, that this is due not to the lack of interest on the part of the schools concerned, but to the difficulty of adding anything further to their present curricu-

lum. Yet, to quote the *Survey* again:

Thoughtful nurses throughout Canada realize that some re-alignment of emphasis to stress the human factors in their work, as well as bedside techniques, is overdue and the weight of medical and nursing evidence now favours including psychiatric nursing in the basic curriculum.

This, like any other type of nursing, can only be taught through experience, and the *Survey* definitely recommends a period devoted to the actual care of mental patients for every under-graduate student nurse. Certainly it is a health viewpoint that we want in the student, and assuredly the principles of mental hygiene should be first taught in the preliminary period, and continued throughout the three years. But it does so happen that sick minds are easier to study than well ones—the mechanisms are more pronounced, obvious even—and a period of actual psychiatric nursing undoubtedly constitutes one of the most vivid and affective ways of emphasizing to the student the laws of mental health. Student nurses themselves realize this; the demand for this type of experience is much greater than can, up to this point, be satisfied. In some classes nearly one hundred per cent of the group have asked for it. Those students who have had this experience are, I believe, without exception, enthusiastic about it and state that even in the brief time devoted to it, they have acquired a much better understanding both of their own problems and those of their patients.

The good nursing school will, naturally, satisfy itself before embarking on such an affiliation for its students, that its own standards are to be reasonably well matched in the special school—that proper accommodation, living and work-

ing conditions, teaching facilities and teaching personnel are to be provided. These standards having been met, the special hospital is in a position to supply an actual deficiency in the general hospital school program. Special hospitals have been criticized, probably justly, for maintaining training schools. If such a hospital demonstrates its willingness to try to carry on its nursing without a school, using graduate nurses and affiliated students, is not such a procedure educationally sound, and should not the general hospital schools hasten to give their approval and support? To summarize, some of the advantages of such undergraduate affiliation are:

It should give the student nurse greater mental and emotional stability.

It should give her some knowledge of the causes and treatment of mental diseases.

She should acquire certain nursing skills in caring for the mentally-ill patient.

She should gain some idea of the principles of preventive psychiatry, and mental hygiene.

It is an excellent test of the student's powers of adjustment and adaptability.

It gives an opportunity to test out or reveal special tastes and abilities.

Post-Graduate Courses in Psychiatric Nursing

We have said that all undergraduate students should have as part of their basic course, a short period of nursing in a mental hospital—sufficient at least to provide a viewpoint and give them some of the fundamental principles of mental hygiene. Obviously, any graduate nurse who plans to specialize in this field, will require a much fuller course, and should be able to take more advanced work. Such post-graduate courses are in their infancy. Lately, in the United States, the Educational Committee of the National League of Nursing

Education has been giving most of its time to a study of programs to meet the needs of graduate students, and the first results of this work will soon be available. At the same time it is felt that it is not yet possible to set up absolutely hard and fast requirements for these courses. Certainly they should not be open to any and all applicants. If they are to approach University standards, as soon as possible, and before long, they should be restricted to graduates of good nursing schools who have at least matriculation standing and who show definite evidence of ability and interest in this work.

As an example of one attempt to solve this problem under present conditions, a brief outline of the post-graduate course now given at the Ontario Hospital, Whitby, follows. This is a twelve months' course, open to graduates of approved training schools, who are registered in Ontario or in their own provinces. The students receive room, board, laundry, and an allowance of \$10.00 per month, providing their own uniforms and textbooks. An examination is held at the end of the course and a certificate awarded to all candidates who have completed it satisfactorily. The lecture schedule is as follows:

Special anatomy	10 hours
Psychology	15 hours
Psychiatry and neurology ...	25 hours
Mental nursing	25 hours
Hydrotherapy	7 hours
Occupational therapy	6 hours
Psychotherapy	6 hours
Extra-mural psychiatry	10 hours
Parent education and child guidance	16 hours
Public health nursing	8 hours
Seminars	30 hours
Ward clinics	20 hours
Staff conferences	30 hours
Lectures by guest speakers ..	20 hours
	<hr/>
	230 hours

The division of time for practical experience is approximately as follows:

Women's reception service (general)	1 month
Women's reception service (special)	1 month
Men's reception service	2 weeks
Women's acute service	6 weeks
Women's continued treatment service	1 month
Women's infirmary service ..	1 month
Men's infirmary service	1 month
Women's convalescent service	1 month
Occupational therapy department	1 month
Mental health clinic	1 month
Special services	2 weeks
Night duty	1 month

During the month with the mental health clinic the nurse spends her entire time in this work, travelling with the clinic and observing its preventive and follow-up work in the district, and in its out-patient work at the hospital, observing early cases of psychopathic disorder in adults and children, receiving at the same time practical instruction in psychiatric social service.

The two weeks of special services include one week at the Ontario Hospital, Orillia, for an intensive course in the care and training of persons suffering from mental deficiency; and visits to the Psychiatric Hospital, the Alexandra Industrial School, the Juvenile Court, the Edith L. Groves School, the Junior Vocational School, the University Settlement, the St. George's School for Child Study, Toronto, and the Boys' Training School, Bowmanville.

The course in public health nursing is planned to show the relationship of mental hygiene and psychiatric nursing to public health nursing, and includes two days' observation with the nurses of the Department of Health, Toronto. The course in parent education and child guidance is given by an expert in this field and special lec-

tures are given throughout the year by speakers in special lines of mental hygiene and psychiatry.

Fifteen nurses entered and completed the course last year. The group this year numbers thirty, and it is planned to take no larger group than this at one time.

Educational Objectives

When we come to consider for what this course should fit the nurse, we see that by it, her professional preparation may be improved either directly or indirectly, and probably the larger number are affected in the latter way. That is to say, this experience may be used to increase her efficiency generally, and as a very desirable foundation for other work; or she may be preparing for specifically mental hygiene or psychiatric nursing. If we simply consider the three main groups into which nursing falls, I think we shall see that this knowledge can be used to advantage in all three. The private duty nurse is a member of a very large group, the members of which have a very intimate contact with their patients, and whose influence and advice can be most potent in educating the community as to the significance of early symptoms and the existence of clinics for consultation. This in addition to the added efficiency in handling the patient which we have previously claimed.

The public health nurse is well aware of the need for mental hygiene in all her work. She knows the necessity for teaching the laws of mental health along with physical hygiene, and she knows also that to really evaluate the family situation she must be able to detect deviation from healthy ways of thinking and behaving. Her opportunity of influencing public opinion is also very great.

The institutional nurse, particularly in a hospital where nursing students are taught, has equally great need of this experience. If we are agreed that mental hygiene should come into the nursing course at the very beginning and inform it throughout, it seems obvious that the nursing instructor needs a broad background of these principles; yet it is not impossible to find a nursing course taught into which the patient's mental attitude simply does not enter at all. We talk a great deal nowadays about nursing the patient as a whole. If this is to be taught and carried out, the ward supervisor will have to have some knowledge of the mental side of her patient's illness and be able to point out the significant factors to her students.

Professional Opportunities

For the nurse who wishes to specialize in psychiatric nursing, there are even now various openings which will undoubtedly increase. At present such nurses may function as:

General duty nurses in mental hospitals.

Private duty nurses for mental patients.

Supervisors or teachers in mental hospitals.

Head nurses of psychiatric wards in general hospitals.

Mental hygiene workers in public health nursing departments.

Nurses in psychiatric clinics.

Psychiatric social workers.

In this connection, it may be interesting to glance at the present distribution of last year's post-graduate group:

Superintendent of Nurses	1
Assistant Superintendent of Nurses..	2
Instructors	2
Psychiatric Social Work	2
General Duty—Ontario Hospital	6
Taking further social work	1
Doing further study in Child Guidance	1

A New Approach

Fifty years ago there was no mental hygiene. "Insanity" was the term applied to abnormal mental states which disturbed the individual's ordinary social contacts, and "alienists" treated these patients. The practice of psychiatry was confined to "asylums" manned by "keepers" or "guards." Treatment was directed only toward the protection of society and was essentially repressive — restraint, cells, manacles, cruelty. We have come a long way in these fifty years, as evidenced by the vast improvement in hospitals and their personnel, in the changed public attitude toward mental illness, and in our appreciation of the possibilities of prevention. We now know that fifty per cent of mental illness can be avoided through proper methods of child guidance and health education. Today the mental hospital itself, while still the centre of activity, is really a minor part of the whole field. The application of mental hygiene reaches out

through the mental health clinic into all community relationships. If the community need is to be the guide in determining nursing education, then mental hygiene and psychiatry must become part of the education of every nurse.

A Good Opportunity

Courtesy of the Bulletin of the American Nurses Association.

Opportunities for mental hygiene are more extensive in public health nursing than in a nursing service rendered in an unnatural environment, even though the need is probably greater in the hospital situation, thinks Jane D. Nicholson, R.N., writing in the *Pacific Coast Journal of Nursing* for June. The home provides a rare opportunity to observe the beginnings of behaviour, both desirable and undesirable. The public health nurse's contact — which usually extends over a long period, even though at infrequent intervals — gives excellent opportunity for comparative study of family situations and for proper guidance, Miss Nicholson points out. The public health nurse has a definite social-medical outlook. She has been taught to deal with persons rather than with diseases. She appreciates that she cannot satisfactorily deal with either unless she considers both.

An Untilled Field

Courtesy of the Bulletin of the American Nurses Association.

Thousands of graduate nurses are idle while attendants care for the mentally ill. Too often these attendants give little serious thought to restoring the unfortunate sufferers to health. How much better it would be if graduate nurses were caring for these patients! The foregoing sentiments of Gretchen E. Nind of Worcester State Hospital, Massachusetts, will meet with the approval of many nurses. Miss Nind does not stress this need simply because there is a known oversupply of nurses but because the social treatment of the patient increasingly requires more intelligent supervision on the wards.

If mental hospitals wait for suitable nurse candidates to present themselves,

Miss Nind told delegates at the convention of the National League of Nursing Education, the major portion of nursing care will be carried by attendants for years to come. Miss Nind thinks that mental hospitals should not wait until there are enough nurses trained in psychiatry, but should diligently seek out recruits from among graduate nurses. These recruits must be selected with great care and need to be given a supplementary course in the mental hospital. The state mental hospital should also, in her opinion, supply a program for advanced study of psychiatric nursing and should provide psychiatric education to head nurses and supervisors, so that better ward teaching will result.

THE FLORENCE NIGHTINGALE MEMORIAL

JEAN I. GUNN, Superintendent of Nurses, The Toronto General Hospital.

The Congress of the International Council of Nurses held in France and Belgium in July, 1933, will be recorded in the history of the Council as being the Congress at which the memorial to Florence Nightingale was definitely planned and the necessary steps taken for an organization to bring this much desired memorial into being.

As early as 1912, when the Congress of the International Council of Nurses was held in Cologne, Germany, the suggestion for such a memorial was made. The Great War followed in 1914, and action was delayed. However, various committees have given the suggestion serious thought and the result of their work is now shown in a very definite plan.

At the Congress held in Montreal in 1929, Mrs. Bedford Fenwick of Great Britain, was appointed chairman of the Florence Nightingale Memorial Committee. At a meeting of the board of directors held in Geneva in June, 1931, it was decided to include the Presidents of all national associations holding membership. It was also decided at this meeting that the memorial should be located in London, England, and should be international in character. The suggestion approved for consideration was that the memorial should take the form of an endowed Foundation for post-graduate nursing education.

The committee proceeded to plan its work along the lines of these recommendations, and in July, 1932, the National Council of Nurses of Great Britain organized "Nightingale Week" in London. The Canadian Nurses Association

was represented by the chairman of the Canadian Florence Nightingale Memorial Committee, Miss Grace Fairley. At this meeting the plan of the committee began to take definite form, and in the year that followed, the committee succeeded in preparing very definite suggestions for the consideration of the Congress in 1933.

Several Canadian nurses have taken post-graduate work in Bedford College, University of London. These courses were organized in 1920 by the League of Red Cross Societies in an effort to provide this much-needed education for all countries, but expressly for those countries in which such courses did not exist. In 1931, owing to the financial situation, the League of Red Cross Societies decided that it was not possible to finance these courses and that they would have to be discontinued in the near future. To the Florence Nightingale Memorial Committee this seemed an opportunity to approach the League of Red Cross Societies with a view to bringing about collaboration between the two organizations in support of the existing courses in Bedford College. As a result, the League of Red Cross Societies authorized the continuation of the courses for another year terminating in July, 1933.

In July, 1932, the representatives from the different countries attending the "Nightingale Week" approved the suggestion of endeavoring to find some means of continuing these courses in Bedford College until the next Congress of the International Council of Nurses, when the report and suggestions of the Committee would be

considered and definite action taken. This really meant providing the financial support for the College Year 1933-1934. In this undertaking the nurses of Great Britain have taken the lead. The national associations holding membership in the International Council of Nurses were approached, but very little financial support was received, except from a few countries. Through the efforts of the nurses of Great Britain, assisted by the League of Red Cross Societies, sufficient funds have been subscribed to finance the courses until July, 1934. By that time it is hoped that the national associations will have had time to discuss the suggested plan for the Memorial and to decide the extent of the financial support each association feels able to pledge.

An outline follows of the plan presented to the Board of Directors and to the Grand Council of the International Council of Nurses for the Florence Nightingale Memorial Foundation.

Foundation

It is contemplated that the Florence Nightingale International Foundation should be an autonomous body constituted under English law, and governed by a Grand Council, comprising five representatives of the International Council of Nurses, five representatives of the League of Red Cross Societies, and two representatives of the National Florence Nightingale Memorial Committee of each participating country. The Grand Council will be responsible for the policy of the Foundation, and between its meetings, will delegate its powers to a committee of management, elected by the Council. It is suggested that the committee of management should comprise three representatives of the Inter-

national Council of Nurses, three representatives of the League of Red Cross Societies, two representatives of the National Council of Nurses of Great Britain, two representatives of the British Red Cross Society, one representative of Bedford College and one representative of the College of Nursing. Sub-committees may be constituted by decision of the Committee of Management.

Purpose

The purpose of the Foundation will be the maintenance and development of facilities for post-graduate training for selected nurses from all countries, taking as a basis the International Courses in London, now administered by the L.O.R.C.S. in co-operation with a small conjoint committee including nurse representatives.

Finances

The financial resources at the disposal of the Grand Council will be constituted:

By the capital sum subscribed through the efforts of the national Florence Nightingale Memorial Committees. It is considered that the amount required for the full and permanent endowment of the scheme, including provision of at least twenty scholarships annually, would be £200,000.

Pending complete endowment of the scheme by the annual payments provided by organizations or individuals in each country, it is proposed that, in addition to such contributions as they are able to secure for the capital fund, each national F.N.M.C. should endeavour to provide one or more scholarships, for a minimum period of ten years.

Procedure

If this scheme commends itself to the International Council of Nurses, it is hoped that the I.C.N. will formally communicate its approval to the League. If the Executive Committee of the

League, in its turn, endorses the project, and signifies its willingness to co-operate in its realization, it is suggested that:

The I.C.N. should circularize the national Councils of Nurses which are members of the International Council, urging them to take the initiative in promoting the constitution of National Florence Nightingale Memorial Committees at the earliest practicable date.

The L.O.R.C.S. should simultaneously circularize the National Red Cross Societies in the countries where national Councils of Nurses, affiliated to the I.C.N. exist, inviting each of them to co-operate with the corresponding National Council of Nurses in promoting the constitution of the Florence Nightingale Memorial Committee.

Each National Florence Nightingale Memorial Committee, when constituted, should remain in permanent contact with the International Council of Nurses, which, in conjunction with the Secretariat of the L.O.R.C.S. should undertake to provide them with the necessary data to furnish the basis for the national appeal. The lines upon which the Appeal should be issued, the organization and individuals to be approached, the set-up of the National Florence Nightingale Memorial Committee, and the character of the co-operation to be given to that Committee by the Red Cross, will necessarily vary from one country to another, so that only facts regarding the present character of the Courses and the proposed activities of the projected Foundation can usefully be furnished from the International centres. The national bodies will be alone able to judge of the kind of organization and method of appeal most suitable to their respective national conditions.

In the discussion following the presentation of the report to the Board of Directors and to the Grand Council, the principle of majority representation was discussed and the following motion was adopted:

In adopting the draft scheme of the Florence Nightingale Memorial, the I.C.N. expresses the desire that since the objective of the Memorial is to perpetuate the memory of Florence Nightingale and to promote the education of nurses, in the organization of any permanent foundation the nursing profession be granted the majority of the membership

on all committees, national and international.

In adopting this report it was definitely agreed that the delegates could not commit their national associations to any definite action. With this understanding the report was adopted unanimously.

At the closing meeting of the Board of Directors the five members who will represent the International Council of Nurses in the Florence Nightingale Memorial Foundation were elected as follows:—Mrs. Bedford Fenwick and Miss Alicia Lloyd-Still, of Great Britain; Sister Bergliot Larsson, of Norway; Miss Effie Taylor, of the United States of America; Miss Jean I. Gunn, of Canada.

The extent to which the nurses of Canada will share in the financial responsibility has yet to be determined. Each national association is left entirely free to decide plans of procedure. The stress is laid on the importance of making the Memorial international and in having the nurses in every country do what they feel they can toward the establishment and maintenance. The League of Red Cross Societies has been very generous in offering to transfer to the Florence Nightingale Memorial Foundation all the assets which have been maintained in connection with the nursing courses in Bedford College. These assets include the beautiful residence in Manchester Square which has, for several years, been the home and headquarters of the students from many countries. This represents a very substantial endowment and a wonderful beginning for the new undertaking.

It would seem that this is a unique opportunity for the nurses of the world to demonstrate in a very suitable and material way their acknowledgment of the debt

that the members of the nursing profession owe to their great leader, Florence Nightingale. It is an opportunity that we as Canadian nurses will want to share. When this great Memorial is estab-

lished, and nursing in every land is feeling its influence, we will want to feel that we helped to lay the foundation stones and shared the early struggles, and that we have a right to feel proud of its success.

Letters to the Editor

1 1 1

Chrysalis or Butterfly?

As one whose work is closely connected with members of the nursing profession—and whose sister has been an active member of the profession for many years—I would like to comment on Dr. H. B. Atlee's article on the question of uniforms.

Time and again I have had much the same thought and felt particularly sympathetic with the young probationer who so often reminds one of an orphan home! What strikes me as being the most conspicuous and ugliest feature of their attire is the black shoes, or boots, and stockings they wear. Why black? It is

such an absurd contrast to the white aprons, caps, and print dresses.

Again, the graduate nurse in her tailored uniform of spotless white is a charming and refreshing sight—and most of them I believe wear well cut (and most expensive) shoes. It is a well known fact that the attractive uniform has been largely responsible for many girls wishing to enter the profession, but apparently it is necessary for them to go through the chrysalis stage before they emerge in their full glory, and possibly there is some real psychological value in this aspect of their training.

INTERESTED, Toronto.



CARRYING ON

The members and friends of the Alumnae Association of the School for Graduate Nurses, McGill University, will be gratified to know that, owing to the efforts of the special committee under the con-venership of Miss Frances Upton, the sum of \$5,000.00 has been raised, and at a meeting of the executive committee, held on September 6th, 1933, arrangements were made whereby a cheque for this amount was forwarded to the Bursar of McGill University to be used toward the maintenance of the School for Graduate Nurses, for the session 1933-34.

That the courageous support of the nurses is appreciated to the full by the University authorities is evidenced by the following letter from the Principal of the University, Sir Arthur Currie, addressed to Miss

Margaret Orr, secretary-treasurer of the Alumnae Association of the McGill School for Graduate Nurses:

September, 8, 1933.

Dear Miss Orr:—

I have to thank you for your letter of September 7th, and for the cheque for \$5,000 forwarded to the Bursar, to assist in continuing the School for Graduate Nurses for one more year.

May I congratulate the Alumnae Association of the School on the effort made to raise these funds, and on the splendid response from the members of the nursing profession in Canada and their friends.

Ever yours faithfully,

(Signed) ARTHUR CURRIE,
Principal.

Napoleon once said that his trouble with the British was that they never knew when they were beaten. Neither do the nurses. They carry on.



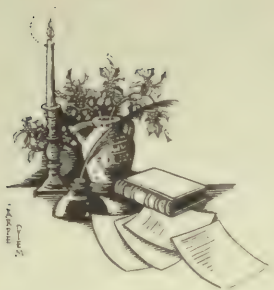
ALL THESE
PLEASANT ROADS
LEAD TO
TORONTO



C.N.A.
BI-ENNIAL
MEETING,
●
ROYAL YORK
HOTEL,
JUNE 26th to 30th,
1934.



Courtesy of the Canadian Pacific Railway.



The Editor's Desk

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The Biennial Meeting

Plans are already under way for the Biennial Meeting of the Canadian Nurses Association. This coming together of nurses from all the Provinces of Canada is always a stimulating and enjoyable event, but the meeting which is to take place, from June 26 to June 30, 1934, in Toronto, has certain features which will give unusual significance to the occasion.

The Quarter-Century Mark

To begin with, this meeting marks an important milestone. The National Nursing Association has now reached the quarter-century mark. Though still young and vigorous, it is gaining in maturity and stability. Its members are coming to have a sense of the past as well as an anticipation of the future and are tracing back, with a growing interest, the many coloured threads which are woven into the warp and woof of the nursing fabric.

The Place of Meeting

By a happy co-incidence, the city of Toronto is itself celebrating in 1934 the centenary of its incorporation and the one hundred and fiftieth anniversary of the founding of the Province of Ontario by the United Empire Loyalists. The headquarters of the Biennial meeting will be the magnificent Royal York Hotel with its unexcelled facilities for the holding of large gatherings.

The Programme

The programme is already beginning to take form and will naturally have historical significance. At one session the present status of the nursing profession will be reviewed; at another, the future trend will be forecast; at a third, immediate aims will be defined from several angles; at a fourth, the past will be reviewed when, by means of a pageant, the great figures of the nursing past will once more appear upon the scene.

Nor will the more practical side be neglected. A number of important questions will be presented for discussion and action. The National Joint Study Committee will present a report. The Florence Nightingale Memorial Foundation project will be given careful consideration. A progress report will be made concerning *The Canadian Nurse* and its future policy will be debated upon. The election of officers for the next two years will take place.

The Speakers

A number of interesting names appear upon the tentative programme, but these cannot be announced until plans are further advanced. There is, too, a possibility that distinguished representatives of nursing in other countries may grace the occasion with their presence.

Toronto in 1934

From time to time, further and more specific information about the plans for the Biennial Meeting will appear in the *Journal*. In the meantime take next year's calendar and draw a little line around the last week in June. Those are the days of Jubilee when all nursing roads will lead to Toronto and all good nurses will set out upon them.

The Psychiatric Field

In the long run it may be fortunate that sheer necessity is forcing

nurses to explore any and every avenue of possible employment. There have been many which, in the prosperous days, were all too lightly ignored. Among these was, and is, psychiatric nursing. In this issue of the *Journal* the possibilities of this branch of professional activity are clearly stated by Miss Fidler. The special preparation required is fully described. Are we going to avail ourselves of our opportunities? It is time that we did. Later we may find that this gateway into new achievement is no longer open to us.



Courtesy of the Canadian Pacific Railway

FOYER OF THE CONVENTION HALL. THE ROYAL YORK HOTEL, TORONTO.

Department of Nursing Education

CONVENER OF PUBLICATIONS: Miss Mildred Reid, Winnipeg General Hospital, Winnipeg, Man.

THE PRACTICE FIELD

E. NORA NAGLE, M.A., Reg. N.,

Assistant Director, The School of Nursing, Toronto University.

In any school, theory is taught for the purpose of making practice more effective. All education aims to make living more effective. All teaching, therefore, should bring *living* into its purpose and all teaching should be governed by a recognized active need for the materials of teaching. So far as correlation is concerned, let the classroom with its experienced and well-prepared teaching staff be taken for granted, and let us look at that most necessary other side—the practice field.

The practice field is divided into services which offer the necessary nursing and observational experiences and skills. Divisions of these services are to be found in the wards of the hospital. In these wards it is expected that the student nurse will have opportunity to use in practice the knowledge taught, becoming skilled in observation and in teaching and caring for the patient according to his individual need.

This objective is sound. Why then is the practice not always satisfactory? Why is it still a problem? Administrative there are several factors involved as:

Too great a burden of work for all, a great deal of which is not nursing. Lack of the right attitude towards the studentship of the nurse and the individuality of the patient.

Constantly interrupted student experience in any service.

Lack of sound educational ideas on the part of the administrative officers of the school of nursing which results in the appointment of unprepared head nurses and supervisors.

Lack of skill in utilizing educationally the opportunities every ward offers.

Miss Wilson's article on another page offers suggestions which must certainly help. These may be summarized thus:

The need for administrators with preparation for teaching and who feel sincerely responsible for guiding that nurse's experience educationally. Sufficient ward personnel to permit time for adequate nursing care and experience on the part of the student.

Careful analysis of the clinical material available from this point of view.

Staff conferences, to insure co-operation and for the purpose of keeping an unconfusing uniformity in procedure.

Based on an understanding of supervision, and on an analysis of the nursing experience a ward can assure, Miss Bolton's article also offers worthwhile suggestions:

The assignment of students to progressively difficult or more involved nursing experiences maintaining a continuity of nursing care and careful direction of thinking.

Adequate helpful supervision of work and constructive criticism in conference with the student.

The setting up of standards of attainment and experience in nursing for the student in each service.

Guiding the effective application of nursing principles to each individual case, through bedside teaching, ward clinics and case studies.

Probably, though necessary, this sounds rather overwhelming to the experienced ward administrator who has not been prepared for teaching, and who feels it well-nigh impossible to add but a little more to the day's activities. But there is a way to approach this problem that is possible and interesting as an experiment for any head nurse or supervisor, however busy she may be. There must first be the belief that much of her work with the student nurse is teaching anyway. Then, there is the problem of proving it or of finding out how much time in the day is given to more or less incidental teaching. One of the ways of solving this problem is by a diary of each day's and of many days' activities. The average time spent in teaching will be a surprise—amounting to hours per day.

The next step is that which any business-like person would take. If this time is already being spent, how can it be used efficiently or made more recognizably effective? Planning and organization seems the answer. It is here that knowledge of the learning process, of methods of teaching and a sound educational philosophy helps. Some means that have already been found successful may be interesting:

Carefully planned five-minute talks or demonstrations to the under-graduate and graduate nursing staff of the ward at or immediately following the reports, morning and evening, using the pupils'

studies and experiences and developing pupil participation.

Carefully planned nursing rounds with each responsible student.

Appointments for conference with student or student group, keeping in view the educational objective of this work.

Full nursing responsibility assigned to students, with recognition of initiative and thinking.

Conferences and teaching planned to foster the development of the student's sense of responsibility to the patient.

There are many other means by which the interested, busy ward administrator has discharged successfully her duty to the young members of her own profession. These means await study and expression. It is hoped that any well worked out plan may find its way into the pages of *The Canadian Nurse* to help all the other strugglers.

Nursing Tuberculosis

Increased interest is being shown all over the country in the nursing of tuberculosis. Unfortunately many schools of nursing do not offer experience in this important field. Opportunities for postgraduate courses are however steadily increasing, and in East Saint John, New Brunswick, the Saint John Tuberculosis Hospital not only affiliates with seven schools of nursing but also offers a two months' postgraduate course to graduate nurses. This institution is equipped to care for one hundred and fifty-six patients in addition to fifty children housed in a separate building. A comprehensive course of lectures has been arranged in addition to practical experience in all divisions. Six hundred and twenty-two graduate and student nurses have already taken this course.

CORRELATION OF THEORY AND PRACTICE

JESSIE M. WILSON, Reg. N., Instructor of the Practice of Nursing, School of Nursing of the Brantford General Hospital.

It has been said that the instructor of the practice of nursing should be the strongest person on the teaching staff; for is not this the major subject to be taught in the nursing school? It is to this person that we should be able to look for guidance and assistance in the correlation of theory and practice.

With this thought in mind, it is very evident that this person should be chosen with great care. She should thoroughly understand the principles of teaching and be familiar with the subject matter. She must be a person with keen understanding, having the ability to cope with human nature, for there will be numerous problems to be faced and dealt with in keeping the wheels of administration and teaching running smoothly in the busy ward. An over-enthusiastic instructor, who fails to see and to realize the problems of ward administration, may do a great deal to antagonize both supervisor and students, and thus fail to get the co-operation from both which is so essential.

The instructor of practice should be an extremely practical individual, having had, if possible, experience in some branch of hospital administration before specializing in this field. In her classroom she should avoid teaching elaborate procedures, or using equipment which the student will not find on the ward, keeping in mind, at all times, the possible ward situation. Every school should have at least one instructor of practice, and the larger institutions may increase

their number to correspond with the size of the hospital and the number of students.

The ward supervisor may form either a strong or weak link in the correlation between classroom and ward teaching, therefore this nurse, like the instructor of practice, should be carefully chosen. She should have had a liberal education, complete matriculation being desirable, and if possible, some teaching experience. If you cannot find a person with these qualifications, one should be chosen who feels keenly the need of ward teaching for the student nurse and who is willing, through extension lectures or reading, to improve herself and keep abreast with the nursing situation, teaching as well as administration. No matter how efficient a ward administrator she may be, if she does not feel the need for the teaching of the student on the ward and is not willing to co-operate with the instructor, she should not be on the staff of the nursing school.

We are all aware of the time which is taken up by junior students giving "demonstration back" to the instructor on the ward, and the problems which the supervisor has to deal with in regard to the service which must be rendered to both patient and physician. Notwithstanding these considerations, every supervisor should realize that these students, as they progress, will be of greater value in the administration of the ward. An indifferent supervisor may throw the proverbial monkey-wrench into the teaching mach-

inery quite easily, and make it utterly impossible to establish or maintain any correlation between the classroom and the ward.

Some essential factors in establishing correlation may be summarized as follows:

Every ward should have a graduate supervisor.

There must be adequate clinical experience on the ward, to enable students to practice the procedures taught them in the classroom.

There should be equipment on the ward identical with that used in the demonstration room and, incidentally, plenty of it. Your correlation is broken down right away if your student fails to find, on the ward, the articles which she has been taught to use in the demonstration room. Teaching material and equipment is just as important on the ward as in the classroom.

Sufficient personnel on the wards to help with the routine work, so that the student's time is not taken up performing non-nursing duties, making it impossible for her to give treatments properly. Unfortunately we have all heard a student reply, when questioned as to why she did not give a treatment as taught: *I couldn't, because I didn't have time.*

These practical suggestions, I feel, should be taken into consideration if you are going to make out of a busy and frequently overcrowded ward, a well-organized teaching unit.

Too much cannot be said of the value of the staff conference, in helping to solve problems of hospital administration. It is not, however, from the administrative angle that we are going to view the staff conference, but as a valuable asset to the teaching department of the school of nursing. The personnel of the conference should consist of the superintendent of nurses, her assistant or assistants, the instructors of theory and practice and the ward supervisors, calling in for special consultation the heads of special departments such

as the dietitian or laboratory technician. The functions of the conference in relation to the school of nursing should be:

To make every member of the nursing staff feel her responsibility as part of the teaching staff and that she has a definite and important part to contribute to the education of the student.

The compiling and revising of nursing procedures of the ward, for the teaching and placing in the Ward Routine Book, and clearing up in the mind of the staff any misconceptions of any of the procedures. Thus being absolutely certain that all who are teaching, whether in the organized class or at the bedside, are carrying out the same procedure. Sometimes the instructor of practice may take the staff to the classroom, in order to demonstrate a procedure, receiving criticism and suggestions for improvement which may be made for practicability and for the comfort of the patient.

I do not consider that any hospital, however small, can afford to be without a book which outlines the nursing procedures as practised on its wards. These procedures having been drawn up, with the help of the best standard texts on the practice of nursing, and arranged in a suitable manner as teaching material, can be most helpful both for teaching in the classroom and for reference on the wards. Then, too, copies of these procedures may be mimeographed and given to the students during the course of the lesson, to file in a loose-leaf note book, thus placing in the hands of the student the procedure exactly as she will find it in the routine book which is kept on the ward.

You may feel that this is spoon-feeding the student and so it may be, to a certain extent, but taking into consideration the seriousness of the subject matter, and the possible errors made in hastily taken notes, I am quite willing, for my part, to take this chance. Care must be taken, however, when planning the routine book, that

procedures be kept as simple and as practical as possible, so that they may be carried out to the letter on the wards; otherwise this book and its contents are of little value.

I have tried briefly to bring to your attention what I consider the four essential factors in the correlation of ward and classroom teaching, namely:

The instructor of the practice of nursing.

The ward supervisor and the ward.

The staff conference.

The ward manual or routine book.

No doubt there are other factors which might be mentioned, but it is hoped that these few practical suggestions may serve to stimulate thought, and bring about discussion.

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TEACHING SURGICAL NURSING

EDITH BOLTON, Reg. N., Western Hospital School of Nursing, Toronto.

Supervision is a matter of rendering expert service to those who are supervised, in response to their felt needs, and the test of its effectiveness is the spontaneous or voluntary return of the student to the supervisor when in need of further supervision. There are four major functions concerned in supervision—inspection, training, guidance, and research.

Let us suppose our students are assigned to a surgical ward for a period of 24 weeks, as follows:

General duty (including serving of diets)	3 weeks
Preparation of patients; pre-operative and post-operative care	3 weeks
Medicines and treatments; including preparations for infusions, and clysis and blood chemistry	3 weeks
Assistant dressing nurse	3 weeks
Dressing nurse	4 weeks
Senior nurse	4 weeks
Night duty	4 weeks

Thus we have a continuity in the nursing care, the patient being nursed from a curative rather than from an experimental angle. The patient's recovery depends a great deal on the nursing skill exercised, and an adequate surgical experi-

ence is of fundamental importance in the preparation of a good obstetrical nurse.

One of the essential qualifications of a student for surgical nursing is personal cleanliness, including the care of hair, hands, fingernails and clothing, as well as the prevention of all body odours. She should be conscientious, tactful and scrupulous. It is on this service that she acquires the fundamentals of surgical technique and the principles of aseptic surgery which have been passed down to us by Pasteur and Lister. She should be well versed in the use of antiseptics and disinfectants and familiar with the definition and classification of each. She should develop an inquiring state of mind.

It is essential that every case on the ward be explained to the student nurse, either by the head nurse or supervisor. Patients must be treated as individuals and not merely referred to as "cases" or "bed so and so." If a student is familiar with the etiology, symptoms and prognosis, and has an appreciation of the significance of the laboratory findings and treat-

ment, as well as a thorough knowledge of the nursing technique and the principles underlying it, the patient will necessarily mean more to her and she will be more successful in nursing him. The stronger the interest, the greater the effort.

The most interesting and vital teaching centre of any hospital is the ward. This in itself makes adequate ward supervision imperative. Nursing procedures such as preparation of patient for operation, infusions and clysis, can best be demonstrated on the ward and it is quite evident that the teaching of this particular phase of nursing can only be brought about through co-ordinated plans of ward teaching. The nursing care of the post-operative is of vital importance. The nurse should be encouraged to be keenly observant regarding such points as colour, nausea and vomiting, pain, distention, oral care and respiratory irritation, especially following spinal anaesthesia. Dressings and treatments should be scrupulously carried out and observation during convalescence must not be neglected.

In brief, post-operative complications consist of shock, hemorrhage, vomiting, thirst and restlessness. All these may be emphasized in the classroom, but it is on the ward, at the bedside of the patient, that the importance of *observation* becomes a reality to the student.

It is important to see that the students put into practice the instruction given them in the classroom and to impress them with the fact that their work is being criticized favourably or unfavourably, but, at the same time, to refrain from creating the impression that they are being observed for the purpose of fault-finding. Thus it

is most essential that the instructors and head nurses cooperate. Frequent conferences of instructors and head nurses to demonstrate and discuss nursing procedures are advisable.

The case study method is one of the best ways of developing a nursing appreciation. These studies impress upon the student that each patient is a sick individual. They develop the student's observation and stimulate her interest, thus giving her a wider understanding of her patient and ensuring intelligent nursing care. Case studies of the following conditions will necessarily imprint upon the student's mind the basic principles which we are continually endeavouring to emphasize:

- Basedow's disease.
- Gall bladder conditions.
- Nephrolithiasis.
- Hernia.
- Carcinoma.
- Peptic and gastric ulcers.

There are three kinds of learning going on simultaneously. One kind is concerned with acquiring skill in doing a procedure or mastering a technique—this is often over-emphasized. Secondly, the students are forming attitudes toward patients, supervisors, officers and the entire profession. Good attitudes strengthen the character of the student. The third kind of learning consists of all those which grow out of the present tasks and stimulate one to think beyond them. It is here that many of us fail. The sum of the three learnings is concerned with the pupil's whole life. Therefore, if we considered *less* the general appearance of the ward and the corners of the beds, and *more* the growth of the student's knowledge of her whole work, nursing would be carried on much more successfully.

Department of Private Duty Nursing

CONVENER OF PUBLICATIONS:

Miss Jean Davidson, Paris, Ont.

YOUR FUTURE AND YOU

REBA RIDDELL, Reg. N., Britannia Heights, Ontario.

We have heard very much of late about that invisible and most indefinite thing called prosperity which is hiding somewhere around the corner and may at any moment become visible. Along with this prophecy we also hear a great deal about normal and abnormal conditions and our possible return to normality. I find myself wondering: Just what conditions are normal within the Nursing Profession? What shall we return to? Have we found our level?

From our recent *Survey* I can see only an increasing demand for a more elevated and a broader field. We read of the necessity for a higher average intelligence, more preliminary education, an extended curriculum, shorter hours, graded salaries, classified students, case specialists and public health programmes, along with the immediate necessity for the socialization in some form or other of our health services. What does the average nurse know of these things? How much does she care?

There are a few who are making an effort, looking for cause and effect, but the great majority and especially the younger graduates, are leaving the organization and readjustments to someone else, to anyone who is willing to take the lead. The medical profession and the laity can aid in our advancement with their suggestions and support but they cannot supply the foresight and leadership that

must come from the ranks of the profession itself.

A born leader is specially gifted and may have a more immediate and far-reaching influence for good or evil in this world than any genius of the more secluded talents. A leader is a leader wherever she goes, regardless of the glory and intelligence that may or may not inspire her motives and ideals. A good nurse, in any position, is never through with reading and studying, but the need of definite and increasing knowledge is deepened for those who are directing and guiding the purpose of others.

The executives of tomorrow must rise from the ranks of today's young graduates, and yet among the hundreds of these young women there are only the few who realize and accept nursing as a career in the full sense of its unlimited field of responsibility and endeavour. Is there not a continual challenge of infinite appeal in a work which is so closely linked with all that is vital and frail in the human race?

Obviously we cannot all be public heroines but each and every nurse is a member of some community, an influence in her own circle, and her thoughts and behaviour are directly reflected in the attitude of those around her. Ambition spells progress but habitual discontent is a menace to clear

thinking and frustrates honest endeavour. We are all able and ready to complain of existing conditions and to criticize those who are trying to improve them, but too few of us are willing to join forces with the workers and help to push things along in the way we want them to go. In how many communities are the meetings of the various nurses' organizations found to be well or even moderately well-attended and how many of those who do attend have the courage or the desire to express an honest opinion? Yet it is mainly in the combined strength of the effort contributed by each individual member that we, as a profession, can master the present needs and prepare for future progress.

Progress! What is the true meaning, the real value, of progress to us, not only as nurses but as human beings? It is not, I hope, to acquire an efficiency in giving less and getting more but rather to ever increase our abilities and intelligence that we may live the best and give the most.

To live the best we must attain to healthy working conditions with a happy appreciation of the finer things around us. The hours on duty, as existent in the present system, are too long. A regularly employed nurse loses in vitality and energy what she gains in experience. She is habitually weary, her rest is spasmodic, and she has neither the time nor the desire for the healthier recreations. A regular eight-hour day with one free day a week would seem to settle so much of the too prevalent discontent, but to every question of moment there is the for and against. How are we to get what

is best of what we want? By organization! The *Survey* states:

The nursing profession is still sadly lacking in unity of spirit, yet organized co-operation of nursing forces, scientifically directed and administered and largely controlled by a central council of nurses appears to promise the most effective solution for the nursing needs of the hour.

Everyone naturally desires to acquire a sense of superiority and to have a store of treasure in knowledge and skill. Yet the master-key to human happiness is not in receiving but in the joy of giving. To learn the pleasure of giving not only of our talents but of ourselves, to learn to minister, not as a sacrifice but as a thanksgiving, this is to enlighten the lives of others, which is happiness.

The nursing profession today is not confined to any one type of routine work. There are positions in variety to satisfy every taste and every talent. Now is the time to take stock and each nurse owes, to the profession and to herself, a meditation on her own behalf. Are you in the branch of the work best suited for you and your abilities? Let us with returning prosperity find ourselves in the place we ought to be and enter with renewed vigour, heart and soul, into a work which must answer the call of public necessity.

Nursing is not merely a means of earning a living. It is an opportunity, a challenge, to a broader, happier life where that feeling of futility of effort is unknown and every step is up. In seeking happiness for ourselves let us not forget that in every branch of this great service there is the need for a humane touch and let us strive to realize that love suffereth long and is kind.

Department of Public Health Nursing

CONVENER OF PUBLICATIONS: Mrs. Agnes Haygarth, 21 Sussex St., Toronto, Ont.

RELATION BETWEEN THE SCHOOL NURSE AND THE TEACHER

ANNA E. WELLS, Reg. N.,

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It is a great moment in my life to be here in a country old in traditions and established customs, as a representative of a newer land where two nations are still in the making. And it is with some misgiving that I attempt to discuss with you here in France, the relation between the school nurse and the teacher. It is here that health work in the school had its birth. Across the Atlantic, school nursing is still in the age of growing pains, which we are prone to regard as a stage of growth and development. And so if I bring to your attention certain problems that are not within your own experience, I hope that you will consider them, nevertheless, as situations that may affect the trend of school nursing.

Day by day we are engrossed in our own particular fields of work, but during the year of the Congress we are invited to look beyond national boundaries, and in so doing, discover that we are being led to think internationally. Today we find ourselves wondering how teachers and nurses work together in different parts of the world. For, of course, there are teachers the world over, and school nurses are becoming an ever-increasing army of indispensable health workers. While differences in teaching and school nursing undoubtedly exist

in the various countries, it seems to me we can assume that the fundamental principles of both services are the same everywhere.

The teacher's duties and responsibilities are definite with regard to the guardianship and education of her pupils during the school period. The success of her work depends upon her own fitness for it, upon the capacity of her pupils for learning, and upon certain conditions that favour the process of learning—at home as well as at school—in other words upon soundness of body and mind, and healthful environment. If successful scholarship waits upon health, then the teacher is vitally concerned about her pupils' state of health, their home conditions, the safety and sanitation of the school plant, and the training of pupils for healthy living. Unfortunately, in the Western World (and it may be true elsewhere), an overcrowded programme of study sometimes blurs the vision of teachers in health matters, on account of their anxiety to meet the demands of the fateful examinations which determine success or failure of pupils in scholastic attainment; but who can blame teachers when their livelihood so often depends upon their criterion of good work?

What if the livelihood of school nurses depended entirely upon a

An address delivered at the International Congress of Nurses, Paris and Brussels, July, 1933.

similar basis of judgment? An interesting speculation in considering the relationship between teacher and school nurse! Still, we know that few children are equal in preparation for school life. Furthermore, we know that this is the basic motive for school nursing, and that school nursing as we know it today has been the outcome of vision and willingness on the part of the nurse to take advantage of every opportunity to help the teacher and the teacher in training.

You are too familiar with the duties and responsibilities of school nursing for me to take up your time in enumerating them. I would like to mention, however, the valuable work of the *National Organization for Public Health Nursing* in the United States, in keeping the aims and functions of a school nursing service clearly defined during these times of rapid change. Generally speaking, the school nurse watches over the health and assists in promoting the well-being of school children. Actually, in trying to carry out these aims she is led into other fields not strictly within her jurisdiction. This is probably why the question of relationship between teacher and nurse is so important.

The success of the nurse's work depends entirely upon her ability to discover conditions that are harmful to the welfare of those in the school, and to meet or overcome them in a way that is satisfactory to herself and to all with whom she works—much easier to say than to do, human nature being what it is. Thus the relation between teacher and nurse is influenced by the conditions in the school and school district. Certainly these conditions bring them together as partners in the common enterprise for developing healthy and happy childhood.

In the past, school nurses have discovered unsanitary conditions in the school, unhygienic management of the child's daily routine in the school; the unfitness of children for school life, the need for health training of pupils, and the need for better preparation of health teachers. They have also helped parents to become aware of the necessity for close co-operation with the school, and of its influence on the lives of their growing boys and girls. In these and many other ways, school nurses have blazed the trail in making health a vital quality in the life of the school, instead of a subject to be studied in the abstract. In doing all this, they have inspired teachers and have earned their confidence, which made less difficult the task of carrying out plans for improvement. Many of these plans were expedients. Teachers were startled into perceiving defects and communicable disease. They were unprepared for practical health teaching; however, this situation has been altered.

The teacher of today understands better how to deal with unhealthful conditions in the school. Now, we have higher standards of health requirements on the one hand and financial stress on the other; consequently more is being demanded of the teacher in the health programme of the school and this in turn affects the relation between the teacher and the school nurse. This brings me to a question that is worthy of your consideration today. In view of swiftly changing conditions, are we meeting or planning to meet them in a way that will strengthen the bond between teacher and nurse?

Let us take the question of health supervision. Thus far, it has been the duty of the nurse to find pupils who required medical

attention, and to assist with arrangements for remedial measures; and how often she has gone blithely on her way with the parents, the doctor, the dentist or the school trustee, without much thought as to the teacher's interest in the matter. The tendency now is to have the teacher make inspections and call on the nurse only when she thinks her help is needed. The teacher is being asked also to secure the co-operation of children in the correction of their individual defects, and even to follow up children who need treatment. In addition, if she is very interested in this work, we may find her arranging for community activities to raise funds for the treatment of needy children—a prerogative previously possessed by the nurse.

Let us consider next the question of health teaching. In time past, the teachers were not sure of their knowledge, as indeed few nurses were, in trying out the various methods for making health lessons interesting and practical when called upon to take part in the classroom teaching. Nurses with vision, who had no preparation for teaching, soon rose to the occasion, however, for in the health education of children they recognized a means of great worth in advancing the health of the people. Gradually the significance of health training in education was recognized, and in consequence it has come to be regarded as a part of the teacher's obligations.

In both of these instances we see that the teacher is gradually being given work that was formerly done by the nurse; and the nurse (who is also a victim of economic conditions) is being given work over a wider area. What effect do you think this will have on the relation between teacher and nurse? Will it lessen the influence of the nurse

in the school? I think not. If the nurse has worked very closely with the teacher, showing her how to recognize unhealthy conditions, enlisting her co-operation in activities connected with the health of children, and showing her how to carry on alone without continued aid—the teacher's knowledge and self-dependence in health matters have been built up by degrees, until she feels equal to the task imposed upon her.

However large the area that a nurse may have to serve or how well organized a school health programme may be, there still remains a need for the stimulus and encouragement of the nurse which comes from an understanding and appreciation of the teacher's opportunities and difficulties in guarding and guiding her pupils. This is true particularly in the question of health teaching, inasmuch as health education is judged to be the basis of public health work. It seems reasonable then, to believe that the interest and guidance of the nurse has a leavening quality upon health activities supplied by no other agent in the school.

To sum up, the relation between the teacher and nurse is governed by these elements:

Understanding the policies of the organizations directing the school and the school health programme.

Understanding the division of responsibility between the teacher and nurse.

The recognition of a common purpose by the teacher and nurse, with mutual confidence in their aims and work.

The willingness of both to make use of the knowledge and experience of each other.

Establishing well-defined procedures for health activities requiring uniformity of method so that there may be safety and efficiency. Establishing a means of contact that both teacher and nurse may have the opportunity to learn and understand each other's work and problems.

In connection with this last point, health workers who have

studied the efficacy of school nursing suggest that this interchange of knowledge and opinion between the teacher and nurse is essential, not only to carry out the aims of health programme, but also to determine whether or not methods used by both are achieving the desired results. How else can they supplement the work of the other, or recognize the value of each other's contribution? For instance, does the teacher know:

About the sanitary requirements of the school plant?

About the methods for communicable disease control and prevention, or how to give first aid?

How to apply the principles of health to the daily management and activities of the school?

About the findings of the school physician or nurse regarding her pupils, and understand the implications of these to her work?

How to plan health instruction according to the needs and living conditions of her pupils, or how to promote pupil activity in daily health practice?

How to assist the nurse with her duties in the school so that the nurse may accomplish them with a minimum of effort and time, thereby releasing her the ever-pressing duties outside the school?

Where and how to reach the nurse when unusual difficulties beset her, or how to use the information given to her by the nurse, whether it be about health facts, the home conditions of the pupils, or community health activities?

In rural districts, the nurse's visits to the school are likely to be few and far between. In urban districts, the nurse's work in the school is hedged in by daily routine. Thus on the one hand there may be lack of close contact which fosters indifference and sometimes misunderstanding, and on the other there may be blind routine which has such a narcotic effect even on the best health workers. Perhaps these difficulties may be the cause of some of our growing pains in school nursing.

My duties bring me into close touch with school nurses (in

generalized and specialized service), and teachers in rural and urban schools, which has given me the opportunity of knowing their difficulties and understanding their attitudes towards one another. May I therefore give you some idea of the light and shade in their relationship as I have been permitted to see them.

The first incident is about a school nurse who was anxious to obtain the co-operation of a teacher who had managed her school and solved its health problems for ten years without the help of a nurse. Under the circumstances it was not an easy thing to do. She did it nevertheless after much wasted effort, merely by the simple device of seeking the teacher's counsel and making her feel that she had an important place in health work. This teacher did not wish for flattery, but she did consider herself a co-worker of the nurse, and through receiving this recognition she became a staunch supporter of school nursing during a trying period of demonstration. On another occasion I suggested to a principal that he call on the school nurse to aid him in solving a health problem connected with school administration. "I wouldn't dare do that. She would want to manage my school for me entirely!" When I questioned that remark he replied "Of course she can't help it. You see she was a head nurse in a hospital before she took up school nursing."

In another school, where the school nurse was concerned about health instruction of senior pupils, the principal found it impossible to arrange for it during school time; but he suggested that as the pupils were anxious to obtain this instruction, the teachers would be willing to give it with the assistance of the nurse after school

hours. Surely a happy relationship when there was such a desire to surmount all obstacles. In contrast to this was the attitude of the teacher who felt that her health work was unappreciated. In viewing some very fine nutrition charts, I remarked how useful they would be to nurses for their work. It was a shock to hear her say that she wondered if the charts were worth the effort since no one was apparently interested in them except the students who made them.

Perhaps it will be difficult for you to believe that once a teacher said to me with a sniff, "Well, school nurses are all right in their place, but not in my classroom!" "But why are they not welcome in your room?"—a question I regretted as soon as spoken, for then she recounted a series of unpleasant experiences with a nurse which had fully convinced her that nurses belonged in the school clinic but were aliens in the classroom. Said another teacher, "Why can't our school nurse let me know when she is going to make a classroom inspection? She used to tell me when she was coming, but now she sails in at any hour; and I dread her coming, because she is never pleased with my children, and they do try so hard." And this from a discouraged nurse, "I don't think I'll ever get to the point where my teachers will completely understand what school health work really means. I start in September, and just when I've got my school work lined up, then the teachers change and I have to start all over again,"—another problem over which the nurse has no control, but one that still holds a promise of continued work elsewhere.

Just one more incident, and this is one I would like you to remember. By way of encouraging a young teacher from a particularly difficult rural district, I remarked

on her courage in taking charge of a school in such an area. "I only went to that district to teach because I heard that a nurse was there," she said. "I couldn't have stood it if she hadn't been my counsellor, guide and friend. Just to know that I could see her and write to her about my troubles, meant more to me than she will ever know." This teacher and nurse formed a relationship, perhaps quite unconsciously, that I believe is the basis for overcoming the difficulties that we have today.

No matter what changes may occur in the school health programme, no matter what responsibility may be shifted from nurse to teacher: where there is a spirit of helpfulness, of thoughtfulness and warm sympathy, where there is mutual respect and understanding—there we shall find that fine *esprit de corps* that we know now to have been the vital element in pioneer school nursing. Given a fitness for the task, this spirit of goodwill in both teacher and nurse will somehow find a way to overcome any difficulty there may be in getting together, and in planning and working together—in short, to bring about a satisfactory relationship so necessary for effective work.

Let us not forget then in our present striving for knowledge and swift action, that the relation between teacher and nurse is born in a common purpose, and depends for good or ill upon the quality of the heart as well as the faculty of the mind.

Back of the tool is the workman's arm

And back of the arm is the force,
And back of the force is the spirit of man
That guideth the tool in its course.

And it isn't his pride in the tool or the art,
But the prayer on his lips and the hope
in his heart

That the work which he does may be
worthy to lay

On the altar of God at the end of the day.

Book Reviews

PUBLIC HEALTH NURSING IN INDUSTRY, prepared for the National Organization for Public Health Nursing. By Violet H. Hodgson, R.N., Assistant Director, National Organization for Public Health Nursing. 249 pages. Illustrated. Published by the Macmillan Company of Canada, 70 Bond Street, Toronto. Price, \$2.10.

The material in this book is well organized for easy reference, presents current practices and procedures that have been found successful in modern industrial nursing and lays special emphasis on the opportunities for health education in this field. This is the first time that an effort has been made to present the industrial nurse's job from the point of view of its objectives, methods of arriving at these objectives and responsibilities and opportunities of the personnel involved in working toward such goals.

An extended review will appear in an early issue of the *Journal*.

NUTRITION IN HEALTH AND DISEASE FOR NURSES, by Lenna F. Cooper, B.S., M.A., M.H.E.; Edith M. Barber, B.S., M.S.; Helen S. Mitchell, B.A., Ph.D. Octavo. 102 illustrations. 588 pages. Fifth edition revised. Price, \$3.50. Published by the J. B. Lippincott Company, Philadelphia; Canadian Office, 525 Confederation Building, Montreal.

This book includes the prevailing practices of leading physicians in the field of nutrition as applied to health and disease; the preventative and remedial aspects of nutrition have been emphasized throughout. The needs of the bedside nurse have been kept in mind, and also the problems of the public health nurse who must cope

with poverty, racial preferences, and established food habits as complicating factors.

The content is arranged to cover two courses. Parts one, two and four comprise the subject matter for the first course: *Principles of Nutrition and Cookery*. Part one consists of fifteen one-hour class periods, devoted to the principles of nutrition. Part two consists of fifteen short lessons on foods and is intended to cover the first half-hour of a two-hour laboratory period, the remaining one and one-half hours being devoted to food preparation, the recipes for which are supplied in part four. These recipes are in small quantities suited to cooking for one patient.

Part three consists of thirteen one-hour lectures constituting the second course: *Diet in Disease*. This allows for one hour of review and one hour for examination in a fifteen-hour course.

An extended review will appear in an early issue of the *Journal*.

GYNECOLOGY FOR NURSES, by George Gellhorn, M.D., F.A.C.S., Professor, Clinical Obstetrics and Gynecology, Washington University School of Medicine; Gynecologist, Barnard Free Skin and Cancer Hospital; Gynecologist and Obstetrician, St. Luke's Hospital; Associate Gynecologist and Obstetrician, Barnes and St. Louis Maternity Hospitals; Consulting Gynecologist and Obstetrician, Jewish and St. Louis County Hospitals. Second edition, revised and enlarged; 294 pages; 145 illustrations. Price, \$2.35. London and Philadelphia: W. B. Saunders Company. 1933. Canadian Agents: McAinsh & Co., Limited, Toronto.

Notes from the National Office

Contributed by JEAN S. WILSON, Reg. N., Executive Secretary

The Florence Nightingale Memorial Foundation:

At the Seventh Congress of the International Council of Nurses, 1933, the Grand Council adopted the report of the Florence Nightingale Memorial Committee, presented by the Chairman, Mrs. Bedford Fenwick. In this issue of the *Journal* Miss Jean I. Gunn tells Canadian nurses of this international project.

At a recent Canadian Nurses Association Executive Committee Meeting, the I.C.N. report of the Florence Nightingale Memorial Committee, received careful consideration following which certain recommendations were approved. These were:—

1. That the Executive Secretary of the C.N.A. be asked to send to each Provincial Association two copies of the Report of the I.C.N. Florence Nightingale Memorial Committee adopted at the recent meeting of the I.C.N. Congress in Paris; that is, one copy for the President, the other for the Secretary (the latter to be given to the Convener of the Provincial Florence Nightingale Memorial Committee when appointed).

2. That it be made clear to Provincial Associations: (a) That the C.N.A. is committed to participation in this international educational project; (b) That the degree of participation is an open matter, we have but promised to do what we can.

3. That the Florence Nightingale Memorial Committee of the C.N.A. be increased to include a member from each Provincial Association who will (it is recommended) act as convener of a Provincial Florence Nightingale Committee.

4. That the Executive Secretary C.N.A. communicate with each

Provincial Association indicating this request and asking that she be advised of the name of such an appointee so that the Convener of the Florence Nightingale Memorial Committee of the C.N.A. may be notified of the personnel of the enlarged committee.

5. That when provincial committees are appointed each convener shall notify Miss Grace Fairley, Vancouver General Hospital, Vancouver, Convener of the Florence Nightingale Memorial Committee C.N.A., regarding plans which the provincial committee may entertain for raising funds for this project through either individual or group effort or both. It is suggested that funds might be contributed over a period of years.

6. That the President of the C.N.A. be asked to communicate with Dr. Biggar, Canadian Red Cross Society, asking him concerning the probable participation of that organisation, national and provincial, and that she report upon this matter to the next Executive Meeting of the C.N.A. In the meantime the provincial committees will proceed with nursing personnel only.

7. That the Convener of the Florence Nightingale Memorial Committee C.N.A. and the President of the C.N.A. be appointed as the two representatives of the C.N.A. on the Grand Council of the Florence Nightingale Memorial Foundation and that the Convener of the Florence Nightingale Memorial Committee I.C.N. be notified of these appointments.

8. That the attention of the Canadian profession be called to an article on the Florence Nightingale Memorial Foundation written by Miss Jean I. Gunn for the November number of *The Canadian Nurse*.

Provincial Activities

A synopsis of the interim reports submitted to a meeting of the C.N.A. Executive Committee on September 21st, 1933, shows that even during the vacation period interest is maintained in provincial groups.

In *Alberta* the preparations for the annual meeting of the Alberta Association of Registered Nurses, on October 11th and 12th, kept the various committees busy.

The Graduate Nurses' Association of *British Columbia* reported "progress along lines of work undertaken by various committees."

Since *Manitoba's* previous report was received, the Board of the Manitoba Association of Registered Nurses appointed a Committee to enquire thoroughly into the financial condition of the Manitoba Nurses' Central Directory. The Board has recommended the appointment of Miss Winnifred Grice as Assistant Registrar of the Manitoba Nurses' Central Directory. Miss Grice is a graduate of St. Boniface Hospital School of Nursing, 1922, and of the School for Graduate Nurses, McGill University, 1933. The Interchange of Nurses Scheme remains in operation. The M.A.R.N. is offering a prize to the nurses who have taken the interchange work, for the best essay describing the work these nurses have been doing, the benefits they have derived from the work and the criticisms, if any, they have to offer.

The annual meeting of the *New Brunswick* Association of Registered Nurses was held in St. Stephen on September 12th and 13th. Resolutions adopted:—

"1. That Miss Murdoch and Sister Camillus be appointed to function as a committee on the exchange or interchange of nurses for New Brunswick.

"2. That a committee of three,

representing the Hospital, Private Duty and Public Health groups, be organized in every Chapter to work with the Provincial Committee on *The Canadian Nurse* and that the Provincial Committee on *The Canadian Nurse* include the Provincial Secretary-Treasurer.

"3. That the fee rate for private duty nursing remain unchanged."

Miss Mabel McMullin, of St. Stephen, Chairman of the Private Duty Section, was appointed a delegate from the N.B.A.R.N. to the C.N.A. Biennial Meeting, 1934.

In *Nova Scotia* the annual meeting of the Registered Nurses' Association was held in June. Forty-five members enrolled for an Institute on Administration and Teaching in Schools of Nursing, June 12th to 16th, in Halifax. An Institute on Maternal Care was held in Sydney on September 14th and 15th, and in Halifax on September 19th and 20th; these Institutes were conducted by Miss Ethel Cryderman of the Central Office, Victorian Order of Nurses in Canada. Legislation has been passed by which the Provincial Grade XI Certificate of Education will be required from all applicants for registration after October 31, 1936; Grade X will be required in 1934. A Branch of the R.N.A. of Nova Scotia has been organized for Pictou County. The annual fee for membership in the R.N.A.N.S. has been reduced to three dollars.

At the annual meeting of the Registered Nurses' Association of *Ontario* it was decided that a loan of three hundred dollars be granted to a student entering the School of Nursing, University of Toronto in September, 1933. An applicant with required qualifications has been granted the loan by the Committee appointed to receive applications. The membership of the R.N.A.O. shows an appreciable increase.

News Notes

News items intended for publication in the ensuing issue must reach the Journal not later than the eighth of the preceding month. In order to ensure accuracy all contributions should be typewritten and double-spaced.

ALBERTA

CALGARY: The Calgary Association of Graduate Nurses held its annual meeting on September 19, the President, Miss P. N. Gilbert, in the chair. Annual reports were read and in spite of the difficulties encountered during the past two years, the outlook seems brighter than for some time. In view of the fact that the Registry has been discontinued for the present owing to conditions, a notice was given of a motion for the reduction of membership dues, to be brought in at the next meeting in October.

A hearty vote of thanks and appreciation of her work in the Association was given Miss Harriet Ash, the retiring supervisor of the V.O.N., in Calgary. In moving this vote of thanks Mrs. F. V. Kennedy said that Miss Ash had been a member practically since she came to Calgary, nearly eighteen years ago, and her sympathy and ready help in all matters had been of the greatest help. She had not only been a member herself but she had encouraged other nurses, particularly her staff, to be members and take an active part in the Association. All the members felt a reflection of the warmth of the glowing tributes which had been paid Miss Ash during the past few weeks both by the medical profession and the laity as a result of her long and faithful service. Miss Ash spoke briefly in reply and gave some valuable hints outlining a new programme by which the Association might go forward to renewed usefulness. The president, Miss Gilbert, spoke of the Convention of the Provincial Association to be held at the Palliser Hotel, October 11-12, and reminded all nurses that it was their duty and privilege to be present. Mrs. D. M. Calder, a former president, spoke on some ways by which money had been raised in the past. The International Congress of Nurses, held at Paris and Brussels during the summer, was also discussed and a short description given of the historical pageant at Brussels in which the nurses representing Florence Nightingale carried the identical lamp used by Miss Nightingale in the Crimea.

EDMONTON: At the September meeting of the Edmonton Graduate Nurses Association, Miss K. Brighty, recently returned from the International Congress of Nurses, took those present on a sketchy trip to Paris, Brussels

and England, touching on the inspiration derived from such a gathering and the hospitality and beauty of the cities visited.

Of interest to the Lamont Public Hospital graduates was the class re-union 1922, held in honour of a visit from Miss Ada Sandal as she journeyed back to Korea, after spending a year's furlough in Eastern Canada. The week's activities included a dinner for the class, at which the superintendent of nurses who entered the class and the superintendent who completed their course, were guests. (The favours were chop-sticks from Korea). A luncheon given by the hospital staff and a picnic marked a day not soon to be forgotten, when forty doctors, nurses, wives and husbands, met for a most happy get-together time in that ideal beauty spot—one of Alberta's government game preserves and a gem of nature's beauty—Elk Island Park. Miss Sandal returns to Korea to carry on her work as superintendent of nurses in the Canadian Mission Hospital (United Church), Hamheung, Korea.

On October 1-2, the nurses of Edmonton were privileged in meeting Miss Ethel Johns, Editor of *The Canadian Nurse*, who was on her way to Vancouver and Calgary to attend the Provincial Conventions. A tea at the University Hospital and luncheon at the Royal Alexandra Hospital brought staff nurses in closer touch with our own nursing magazine and its need—more subscribers. The talk given at the Royal Alexandra Hospital on *The Ideal Head Nurse and Her Opportunities*, will, we trust, not soon be forgotten by those who were present. Perhaps the most important of these informal gatherings was held in the form of a banquet, when fully one hundred nurses, many of them married and not in active nursing service but who still retain their interest in the work, met to hear of nursing problems in other lands and of what the Rockefeller Foundation is doing, and has done, to help the weaker nations.

LETHBRIDGE: The Lethbridge Graduate Nurses Association held a very successful bridge at the Nursing Mission on Friday, September 29. Thirteen tables of bridge were played, after which a dainty luncheon was enjoyed. The proceeds from the bridge will be used in the Relief Fund.

BRITISH COLUMBIA

VANCOUVER: The first meeting of the season of the Alumnae Association of the Vancouver General Hospital took place recently, with the President, Miss Mary McPhee, in the chair. Following the regular business and committee reports, it was decided to have three evenings for entertainment during the fall months, one evening each devoted to bridge, theatre and baseball, and the proceeds given to various activities of the Association. Regular meetings will be held on the first Tuesday of every month for the rest of the year, beginning Tuesday, October 3.

MANITOBA

BRANDON: The opening meeting of the Brandon Graduate Nurses Association, presided over by the new president, Miss E. G. McNally, was held at the nurses residence, Brandon General Hospital, Tuesday, October 3, forty-two being present. At the close of the business meeting the Brandon General Hospital group took charge, Miss Brigham introducing the guest speaker, Mrs. D. Johnston (née. Miss Dorothy Hawes, B.G.H., 1925), whose address, *Life in the Philippines*, was made most interesting by lantern slides. Lunch was served by the Brandon General Hospital staff nurses, bringing to a close a most enjoyable meeting.

NEW BRUNSWICK

SAINT JOHN: The annual meeting of the local Chapter of the New Brunswick Association of Registered Nurses was held in the nurses residence of the Saint John General Hospital, with a large attendance. Reports told of much activity during the year in which the members had much appreciated a special course of lectures given by the local doctors. The usual amount was donated to the Free Milk Fund. The following officers were elected: *President*, Miss A. A. Burns; *First Vice-President*, Mrs. Van Dorser; *Second Vice-President*, Miss Ella McGaffigan; *Secretary*, Miss Clara Sabeau; *Treasurer*, Miss Margaret McJunkin; *Registrar*, Miss Martha Fraser; *Committee Conveners*: *Sick Nurses Benefit Fund*, Miss E. J. Mitchell; *Public Health Section*, Mrs. Van Dorser; *Private Duty Section*, Miss Lillian Wilson; *Representatives to The Canadian Nurse*, Misses Reicker, Gleason, Bardsley, Wallace, and Mrs. A. O. Burham.

The graduation of the St. Joseph's Hospital took place on September 6, in the St. Vincent's Auditorium. The thirteen graduates were: Misses Irene Crome, Alice McGourty, Mary Coulogne, Marion Caithness, Winnifred Mooney, Kathleen McCarthy, Helen Guilfoil, Patricia O'Rourke, Mary Kennessey, Marjory Savage and Bernatta McEachern. Miss Crome was the class leader. The address to the graduates was given by Dr. W. V. McDonald. The graduation was largely attended by doctors, parents and friends.

The Joint Study Committee representative of the hospital nursing and medical organizations of the province, met in the nurses' home of the General Hospital, with Dr. G. Stewart Cameron, president of the National Committee, and discussed many important topics.

Dr. and Mrs. Sharpe have returned from the West and are residing at Sussex, New Brunswick.

On September 23 and 25, the Saint John General Hospital Training School lost by death two student nurses, Miss Daisy McKay and Miss Elsie Montgomery. Deepest sympathy is extended to those bereaved.

NOVA SCOTIA

HALIFAX: At the request of the Registered Nurses Association of Nova Scotia, Miss Ethel Cryderman, Central Supervisor, Victorian Order of Nurses, conducted two very successful Maternal Institutes in Nova Scotia. The first was held at the City Hospital, in Sydney, September 14 and 15, where the attendance was twenty-two; the second at the Children's Hospital in Halifax, on September 19 and 20, with an attendance of twenty-seven. Both these Institutes drew a very representative group of nurses—Public Health, Institutional, and Private Duty. Besides the very helpful and practical way which Miss Cryderman dealt with pre-natal and post-natal care, group teaching, etc., with exhibits to bear out her teaching, Miss Marjorie Bell, Director of Visiting Housekeepers' Association, Toronto, assisted at both Institutes dealing with the nutritional side of maternal care. Another attractive feature was the question box and general round table discussion. Dr. D. A. MacLeod in Sydney, and Dr. E. K. MacLellan in Halifax, very ably dealt with questions of medical significance. Practical demonstrations on post-partum and delivery care in the home were given by Miss Currie in Sydney, and Miss Lenta Hall in Halifax, both local Victorian Order nurses. As a happy conclusion to each Institute a very delightful tea was served, by the staff of the Sydney City Hospital and Miss Winslow, superintendent of Children's Hospital, Halifax, assisted by local association nurses. These Institutes have been a source of great help and inspiration to the nurses who were privileged to attend.

Miss J. Sullivan, graduate of Sydney City Hospital, has succeeded Miss Turner as superintendent of Harbor View Hospital, Sydney Mines.

Misses Amy MacKenzie, Flora Anderson, and A. Beaton of Glace Bay, have recently completed a three months' course in operating room work, in the hospital for Sick Children, Toronto.

Miss Seaman, Supervisor of the Glace Bay branch of the Victorian Order of Nurses, spent her vacation in Prince Edward Island.

Miss Clara MacKinnon, Miss L. Turner, Miss Jean MacKinley, recent graduates of the Glace Bay General Hospital, are attending McGill University, this term.

During the past year Cape Breton was glad to welcome Miss M. Ryan, from the staff of the Nova Scotia Sanatorium, as supervisor of the tuberculosis annex.

The St. Joseph's Hospital, Glace Bay, has completed during the past year, a very up-to-date addition to their hospital for the use of the employees.

ONTARIO

DISTRICTS 2 AND 3

BRANTFORD: The monthly meeting of the Florence Nightingale Club was held recently at the home of Miss T. Dawson, secretary of the club. Following a short business session, Miss Dawson told of her experience as Camp Mother at Camp Ruddy during the past summer. Plans were made to assist with the annual meeting of Districts 2 and 3, which is being held November 1.

At the Manufacturers' Exhibit held in Brantford recently, the Victorian Order of Nurses had an exhibit. The booth was appropriately decorated in red, white and blue bunting, and a picture of Queen Victoria was used. Posters, in regard to the work of the Victorian Order of Nurses, were on display. One booth was set aside for Mother League work, where five little girls gave demonstrations. During the past month the Victorian Order Nurses have made 553 visits to 89 patients.

Recently the Rotary Club held their weekly dinner at the Brantford General Hospital, at which time Dr. C. C. Alexander discussed the health of school children. The Crippled Children's Committee of the Rotary Club decided to include the provision of glasses for defective eyesight as part of their work. The Rotary Club presented the hospital with a very fine cripple carriage.

The annual meeting of Districts 2 and 3 will be held at Brantford, on Wednesday, November 1.

Miss E. M. McKee, superintendent, Brantford General Hospital, and Miss Majorie Buck, superintendent, Norfolk County Hospital, Simcoe, will attend the Hospital Standardization Conference, American College of Surgeons, October 9-12.

Miss Velma Hunt (B.G.H. 1928), is taking a post-graduate course at the Brantford General Hospital.

Miss C. Beaumont (B.G.H. 1930), has sailed for England, to visit friends.

Miss Mildred Neiderauer (B.G.H. 1925), who has been ill, is recovering and is at her home in Simcoe, Ontario.

Miss A. Fair (B.G.H. 1925), recently spent a week in Buffalo, the guest of Mrs. MacPherson (née Audrey Slater, B.G.H. class 1925).

GUELPH: The Alumnae Association had an enjoyable Wiener Roast, Wednesday, September 20, being the guests of Mrs. McFarlane, near Arkell.

There have been several parties for Miss Rachel Speers, of the Guelph General Hospital staff, whose marriage to Mr. W. Fairweather takes place in October. Mrs. C. V. Pond and Miss Marion Wood gave a teacup and five o'clock teaspoon shower; the Alumnae Association, a kitchen shower; the staff party at Miss Helen Pettit's home in Burlington, and a bridge at Miss Wilma Grierson's.

Miss Whitmee is at the Ontario Hospital, Whitby, taking a one year post-graduate course in mental diseases.

Miss Winfield has spent the summer abroad and is now in England with Mr. and Mrs. E. Barraclaugh.

DISTRICT 4

A meeting of District 4, R.N.A.O., was held on September 30, at the Mountain Sanatorium, Hamilton: After the routine business, Miss Sheridan, V.O.N., gave a most interesting talk on her experiences at the International Council of Nurses Congress. Dr. Aitcheson, a member of the Sanatorium staff, addressed the meeting on "Surgical Procedures in the Treatment of Tuberculosis", which proved very instructive, and was also much appreciated by all present. Following the meeting, Dr. and Mrs. Holbrook, and members of the staff, entertained at the tea hour.

Miss E. L. Chisholm and Miss P. M. Dart, members of the nursing staff of the Hamilton General Hospital, attended the I.C.N. Congress and afterwards enjoyed a very extensive tour in Europe, returning September 1.

Miss Eva B. Bennett (H.G.H. 1931, and post-graduate in public health nursing, Toronto University, 1932), who has been on the staff of the Out-door Department, Hamilton General Hospital for the past year, has resigned and been appointed Public Health Nurse at Simcoe.

DISTRICT 5

The regular fall meeting of District 5 of the Registered Nurses Association was held at the Ontario Hospital, Whitby, on September 17. A large bus, holding about forty, and several private cars, brought the members from Toronto and Barrie. Following the routine business, reports of special committees were received: Miss Mary Millman, Convener of the *Arrangements Committee* for the Biennial Meeting of the Canadian Nurses Association to be held in Toronto in June, 1934, gave an interesting report. Miss Ethel Greenwood reported arrangements for a bridge to be held at the Royal York Hotel, Toronto, on October 14, to raise funds for the Permanent Education Fund.

Miss Kathleen Russell, speaking of the School of Nursing, University of Toronto, which is now an accomplished fact, with ten students entered for the new course, mentioned with gratitude the sum of five hundred dollars recently placed at the disposal of the school by District 5. The Graduate Nurses Club of Toronto, at the time of its disbanding, turned over its balance to District 5, in trust until such time as it might be used as a building or furnishing fund for a University Residence for Nurses. Owing to the far-seeing vision of members of the Graduate Nurses Club at that time this money has been a great delight to Miss Russell in her furnishing. Miss Nettie Fidler, superintendent of nurses at the Ontario Hospital, Whitby, outlined the post-graduate course in Mental Nursing which has been in operation during the past year. The meeting adjourned for an hour, during which a delightful tea was served by the hospital, to upwards of ninety guests. At the evening meeting, Miss Florence Emory, President of the Canadian Nurses Association, gave a vividly interesting account of high lights of the I.C.N., at which she so ably represented the National Association. Dr. George Stevenson, Medical Superintendent at the hospital at Whitby, gave an address on "Mental Hygiene as Applied to Ourselves."

Miss Jessie Thomson (1928), has been appointed resident nurse at Moulton College.

Miss Rose A. Roy, graduate on the P.H.N. course at the University of Toronto (1933), has gone to Blind River to take the position made vacant by the resignation of Miss Gertrude Stovel.

Miss Evangeline Ricard, also of the 1933 class in Public Health Nursing at the University of Toronto, has accepted the position of Public Health Nurse at Sturgeon Falls. This service had been discontinued for a period.

Miss Clara J. Forbes, who resigned from North and South Dumfries and Ayr a few months ago, has been re-engaged as Public Health Nurse. The service was discontinued during her absence.

Miss Gillies resigned from the town of Simcoe to be married and the work there is now being carried on by Miss Eva Bennett of the class of 1932 of P.H.N., University of Toronto. Miss Bennett has been in the Out-patient Department of the Hamilton General Hospital for the past year.

Miss Esther Hanna resigned her position at Capreol and was married at the end of June.

Miss Shearer resigned from the staff of the Provincial Department of Health, in August.

Miss Hopper of the staff of the Provincial Department of Health resigned in June. Her marriage to Mr. Frederick Shoemaker took place some time later.

Four nurses of the Provincial Department of Health, Mrs. Bagshaw, Miss B. E. Johnson, Miss K. E. Osborne and Miss M. E. Squires, are working in Dundas County at present. It is planned to extend this programme to include the counties of Stormont, Glengarry, Russell and Prescott.

DISTRICT 8

OTTAWA: Miss Gertrude E. Ferguson, Ottawa Civic Hospital (1931), has received her diploma, Teaching in Schools of Nursing, from McGill University and accepted a position on the staff of the Ottawa Civic Hospital.

QUEBEC

MONTREAL: The amalgamation of two of the oldest Alumnae Associations of Schools of Nursing in Canada offers at this time food for serious reflection, when we take into careful consideration the aims of such a union, which are as follows: (1) Strength to accomplish projects for betterment. (2) Mutual protection from adverse influences. (3) The moulding of ideals.

After half a century of outstanding service in the community the "Western Hospital of Montreal" became the "Western Division of The Montreal General Hospital" during the spring of 1924, and its School for Nurses, ceasing to function as such in 1925, became absorbed into the school which was founded by the late Miss N. G. E. Livingston in the Montreal General Hospital in 1890. A very delightful and comprehensive history of the hospital and its School for Nurses published by the Alumnae Association is available, and portrays these two splendid records of achievement: the fifty years of service to humanity on one hand, and the graduation of two hundred and eighty-four nurses on the other. During the past year, feeling that it might be to our mutual benefit, the members of the "Alumnae Association of The Montreal General Hospital School for Nurses" extended to the members of the "Alumnae Association of the Western Hospital Nurses" a proposition whereby their members might be enrolled into the larger fellowship with us, and by unanimous consent of its members, this proposition has been accepted and on October 13 the Western Hospital graduates were officially greeted as fellow members by the Alumnae Association of the M.G.H. during an informal reception held in the Nurses Residence. The guests were received by Miss E. Frances Upton, President, and Miss Mary Mathewson, Vice-President, with Miss Bertha Birch, President of the Western Hospital Association representing their confrères of that Association. We anticipate great accomplishments as a result of the union of these two veteran associations, many members of which became fast friends during our mutual experiences of the "World War."

MONTREAL: An important event in the history of the School of Nursing of the Royal Victoria Hospital took place on the afternoon of Thursday, September 28, when a very charming ceremony took place in the lovely drawing-room of the nurses residence. The occasion was a function to do honour to the first Lady Superintendent, Miss Edith Draper, who organized and opened the School. This tribute took the form of a presentation to the School of Nursing of a fine portrait, handsomely framed, of Miss Draper which portrays her as she appeared in uniform on duty. In her hand she is holding a textbook on *Materia Medica* that *bête noire* of our studies. To the frame is attached a brass plate with the following inscription: *Miss E. A. Draper, first lady superintendent of the Royal Victoria Hospital. Presented by devoted graduates.*

This gift was given to Miss Hersey, the present lady superintendent for safe-keeping in remembrance, for present and future students, of those earlier lights, who have done so much to grace the profession of nursing and raise it to an art in Montreal since this splendid hospital was established by famous men.

The guests were received by Miss Hersey and Mr. W. R. Chenoweth, superintendent of the hospital. A delightful tea was enjoyed after the hanging of the portrait. The list of invited guests was confined to those who served the hospital in the reign of Miss

Draper, from 1893 to 1898, and therefore was necessarily limited. Dr. Edward Archibald, surgeon-in-chief, unveiled the portrait. Dr. W. F. Hamilton, the first visiting physician, made a happy speech and hung the portrait on the wall of the drawing-room where it was admired by all present.

Mrs. George Eedson Burns, who had acted as secretary-treasurer for this cause, read letters from distant graduates expressing their affectionate approval and loyalty. Then followed a very happy hour among those who had been separated for many years, recalling the halcyon days so full of joyous hours. The invited doctors and nurses were: Dr. C. F. Martin, Dean of Medicine, R.V.H. since 1894; Dr. Archibald, Chief Surgeon, R.V.H. since 1895; Dr. W. F. Hamilton, Consulting Physician, R.V.H. since 1893; Dr. A. G. Nicholls; Misses Goodhue, Lewis, Hall, Felter, Pomeroy; Dr. H. S. Shaw and Mrs. Shaw; Mrs. A. C. Hamilton, Mrs. Stanley, Mrs. McColl, Mrs. G. E. Burns, and Miss F. Upton, representing the Montreal General Hospital Alumnae Association.

SHERBROOKE: A happy occasion was the meeting on October 6 at the Nurses Home, Sherbrooke Hospital, when the nurses met to hear Miss E. Frances Upton, Reg. N., a former superintendent, who gave a very instructive and interesting talk on the nursing profession. There was a large and appreciative audience.

OBITUARY

CALLAHAN—On October 5, 1933, Ethel L. Callahan (Victoria General Hospital, Halifax, 1929), of the nursing staff of the Infectious Disease Hospital.

TOWSLEY—On August 7, 1933, Mrs. Harold Towsley, of New York (née Irene Dangerfield, Ottawa Civic Hospital, 1928).

BROWN—On September 16, 1933, Miss Margaret Brown, Reg. N., of Carleton Place, Ontario (Presbyterian Hospital, New York, 1912).

After graduating Miss Brown was Assistant Superintendent of Nurses, Troy, New York,

and Superintendent of Nurses, Salem, Massachusetts. She received her degree of B.Sc., of Nursing from Columbia University, after which she was Surgical Instructor at Western Reserve University for two years, from which position she resigned in 1927 owing to ill health. She was superintendent of Cornwall General Hospital from June 1932 to June 1933 and was a recent and valued member of the R.N.A.O., district 8. Her death is a loss to the profession of a staunch supporter of its best traditions and highest ideals, and to those who were privileged in knowing her intimately of a warm and sincere friend.

Official Directory

International Council of Nurses:

Secretary, Miss Christiane Reimann, 14 Quai des Eaux-Vives, Geneva, Switzerland

CANADIAN NURSES ASSOCIATION

Officers

President	Miss F. H. M. Emory, University of Toronto, Toronto, Ont.
First Vice-President	Miss R. M. Simpson, Parliament Bldgs., Regina, Sask.
Second Vice-President	Miss G. M. Bennett, Ottawa Civic Hospital, Ottawa, Ont.
Honorary Secretary	Miss Nora Moore, City Hall, Room 309, Toronto, Ont.
Honorary Treasurer	Miss M. Murdoch, St. John General Hospital, Saint John, N.B.

COUNCILLORS AND OTHER MEMBERS OF EXECUTIVE COMMITTEE

Numerals preceding names indicate office held viz: (1) President. Provincial Nurses Association; (2) Chairman Nursing Education Section; (3) Chairman, Public Health Section; (4) Chairman, Private Duty Section.

Alberta: (1) Miss F. Munroe, Royal Alexandra Hospital, Edmonton; (2) Miss J. Connal, General Hospital, Calgary; (3) Miss B. A. Emerson, 604 Civic Block, Edmonton; (4) Miss Phyllis Gilbert, 113 25th Ave. W., Calgary.

British Columbia: (1) Miss M. F. Gray, Dept. of Nursing, University of British Columbia, Vancouver; (2) Miss L. Mitchell, Royal Jubilee Hospital, Victoria; (3) Miss M. Duffield, 175 Broadway East, Vancouver; (4) Miss M. Mirfield, Beachcroft Nursing Home, Cook St., Victoria.

Manitoba: (1) Miss Jean Houston, Manitoba Sanatorium, Ninette; (2) Miss M. C. Macdonald, 668 Bannatyne Ave., Winnipeg; (3) Miss A. Laporte, St. Norbert; (4) Miss K. McCallum, 181 Enfield Crescent, Norwood.

New Brunswick: (1) Miss A. J. MacMaster, Moncton Hospital, Moncton; (2) Sister Corinne Kerr, Hotel Dieu Hospital, Campbellton; (3) Miss Ada Burns Health Centre, Saint John; (4) Miss Mabel McMullen, St. Stephen.

Nova Scotia: (1) Miss Anne Slattery, Box 173, Windsor; (2) Miss Elizabeth O. R. Browne, 612 Dennis Bldg., Halifax; (3) Miss A. Edith Fenton, Dalhousie Health Clinic, Morris St., Halifax; (4) Miss Jean S. Trivett, 71 Cobourg Road, Halifax.

Executive Secretary: Miss Jean S. Wilson, National Office, 1411 Crescent St., Montreal, P.Q.

OFFICERS OF SECTIONS OF CANADIAN NURSES ASSOCIATION

NURSING EDUCATION SECTION

CHAIRMAN: Miss G. M. Fairley, Vancouver General Hospital, Vancouver; **VICE-CHAIRMAN:** Miss M. F. Gray, University of British Columbia, Vancouver; **SECRETARY:** Miss E. F. Upton, Suite 221, 1396 St. Catherine St. West, Montreal; **TREASURER:** Miss M. Blanche Anderson, Ottawa Civic Hospital, Ottawa.

COUNCILLORS—Alberta: Miss J. Connal, General Hospital, Calgary. **British Columbia:** Miss L. Mitchell, Royal Jubilee Hospital, Victoria. **Manitoba:** Miss M. C. Macdonald, 668 Bannatyne Ave., Winnipeg. **New Brunswick:** Sister Corinne Kerr, Hotel Dieu, Campbellton. **Nova Scotia:** Miss Elizabeth O. R. Browne, 612 Dennis Bldg., Halifax. **Ontario:** Miss S. M. Jamieson, Peel Memorial Hospital, Brampton. **Prince Edward Island:** Miss M. Lavers, Prince Co. Hospital, Summerside. **Quebec:** Miss Martha Batson, Montreal General Hospital, Montreal. **Saskatchewan:** Miss G. M. Watson, City Hospital, Saskatoon. **CONVENER OF PUBLICATIONS:** Miss M. Reid, Winnipeg General Hospital, Winnipeg.

PRIVATE DUTY SECTION

CHAIRMAN: Miss Isabel MacIntosh, 281 Park St. S., Hamilton; **VICE-CHAIRMAN:** Miss Mabel McMullen, Box 338, St. Stephen; **SECRETARY-TREASURER:** Mrs. Rose Hess, 139 Wellington Street, Hamilton.

COUNCILLORS—Alberta: Miss Phyllis N. Gilbert, 113 25th Ave. W., Calgary. **British Columbia:** Miss M. Mirfield, Beachcroft Nursing Home, Victoria. **Manitoba:** Miss K. McCallum, 181

Ontario: (1) Miss Marjorie Buck, Norfolk Hospital, Simcoe; (2) Miss S. M. Jamieson, Peel Memorial Hospital, Brampton; (3) Mrs. Agnes Haygarth, 21 Sussex St., Toronto; (4) Miss Clara Brown, 23 Kendal Ave., Toronto.

Prince Edward Island: (1) Miss Lillian Pidgeon, Prince Co. Hospital, Summerside; (2) Miss F. Lavers, Prince Co. Hospital, Summerside; (3) Miss I. Gillan, 59 Grafton St., Charlottetown; (4) Miss M. Gamble, 51 Ambrose St., Charlottetown.

Quebec: (1) Miss C. V. Barrett, Royal Victoria Hospital, Montreal; (2) Miss Martha Batson, Montreal General Hospital, Montreal; (3) Miss Marion Nash, 1246 Bishop Street, Montreal; (4) Miss Sara Matheson, Apt. 24, 2151 Lincoln Ave., Montreal.

Saskatchewan: (1) Miss Elizabeth Smith, Normal School, Moose Jaw; (2) Miss G. M. Watson, City Hospital, Saskatoon; (3) Mrs. E. M. Feeny, Dept. of Public Health, Parliament Bldgs, Regina; (4) Miss M. R. Chisholm, 805 7th Ave. N., Saskatoon.

CHAIRMEN NATIONAL SECTIONS

NURSING EDUCATION: Miss G. M. Fairley, Vancouver General Hospital, Vancouver; **PUBLIC HEALTH:** Miss M. Moag, 1246 Bishop St., Montreal; **PRIVATE DUTY:** Miss Isabel MacIntosh, 281 Park St. S., Hamilton.

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PUBLIC HEALTH SECTION

CHAIRMAN: Miss M. Moag, 1246 Bishop St., Montreal; **VICE-CHAIRMAN:** Miss M. Kerr, 946 20th Ave. W., Vancouver; **SECRETARY-TREASURER:** Miss Mary Mathewson, 464 Strathcona Ave., Westmount, P.Q.

COUNCILLORS—Alberta: Miss B. A. Emerson, 604 Civic Block, Edmonton. **British Columbia:** Miss M. Duffield, 175 Broadway East, Vancouver. **Manitoba:** Miss A. Laporte, St. Norbert. **New Brunswick:** Miss Ada Burns, Health Centre, Saint John. **Nova Scotia:** Miss A. Edith Fenton, Dalhousie Health Clinic, Morris St., Halifax. **Ontario:** Mrs. Agnes Haygarth, 21 Sussex St., Toronto. **Prince Edward Island:** Miss Ina Gillan, 59 Grafton St., Charlottetown. **Quebec:** Miss Marion Nash, 1246 Bishop St., Montreal. **Saskatchewan:** Mrs. E. M. Feeny, Dept. of Public Health, Parliament Buildings, Regina. **CONVENER OF PUBLICATIONS:** Mrs. Agnes Haygarth, 21 Sussex St., Toronto.

Provincial Associations of Registered Nurses

ALBERTA

Alberta Association of Registered Nurses

President, Miss F. Munro, Royal Alexandra Hospital, Edmonton; First Vice-President, Mrs. de Satge, Holy Cross Hospital, Calgary; Second Vice-President, Miss S. Macdonald, General Hospital, Calgary; Secretary-Treasurer, Miss Kate S. Brighty, Administration Building, Edmonton; Nursing Education Section, Miss J. Connal, General Hospital, Calgary; Public Health Section, Miss B. A. Emerson, 604 Civic Block, Edmonton; Private Duty Section, Miss Phyllis Gilbert, 113 25th Ave. W., Calgary.

BRITISH COLUMBIA

Graduate Nurses' Association of British Columbia

President, M. F. Gray, 1466 W. 14th Ave., Vancouver; First Vice-President, E. G. Breeze; Second Vice-President, G. Farley; Registrar, H. Randal, 516 Vancouver Block, Vancouver; Secretary, M. Kerr, 516 Vancouver Block, Vancouver; Conveners of Committees: Nursing Education, L. Mitchell, Royal Jubilee Hospital, Victoria; Public Health, M. Duffield, 175 Broadway East, Vancouver; Private Duty, Miss M. Mirfield, Beachcroft Nursing Home, Cook St., Victoria; Councillors, M. P. Campbell, M. Dutton, L. McAllister, K. Sanderson.

MANITOBA

Manitoba Ass'n of Registered Nurses

President, Miss Jean Houston, Ninette, Man.; 1st Vice-President, Miss M. Reid, Nurses Home, W.G.H. Winnipeg; 2nd Vice-President, Miss Christine McLeod, General Hospital, Brandon; 3rd Vice-President, Sister Krause, St. Boniface Hospital Board Members: Misses M. Lang, K. W. Ellis, C. Taylor, I. McDermid, M. Meehan, E. Shirley, E. Carruthers, K. McLeard, Sister Superior, Mercicordia Hospital; Sister St. Albert, St. Joseph's Hospital; Miss J. Purvis, Portage la Prairie, General Hospital. Conveners of Sections: Nursing Education Section, Miss M. C. Macdonald, Central T. B. Clinic, 668 Bannatyne Ave., Winnipeg; Public Health Section, Miss A. Laporte, St. Norbert, Man.; Private Duty Section, Miss K. McCallum, 181 Enfield Crescent, Norwood, Man. Conveners of Committees: Legislative Committee, Miss C. Taylor; Directory Committee, Miss E. Carruthers; Social and Programme, Miss C. Billyard; Sick Visiting, Mrs. J. R. Hall; Treasurer and Registrar: Mrs. Stella Gordon Kerr, 753 Wolseley Ave., Winnipeg.

NEW BRUNSWICK

New Brunswick Association of Registered Nurses

President, Miss A. J. MacMaster, Moncton Hospital; First Vice-President, Miss Margaret Murdoch, Saint John General Hospital; Second Vice-President, Miss Myrtle E. Kay, 21 Austin St., Moncton; Honorary Secretary, Rev. Sister Kenny, Hotel-Dieu Hospital, Chatham; Council Members: Saint John, Miss Florence Coleman, County Hospital; East Saint John, Miss H. S. Dykeman, Health Centre, Saint John; Saint Stephen, Miss Mabel McMullen, St. Stephen; Moncton, Miss Myrtle E. Kay, 21 Austin St., Moncton; Fredericton, Mrs. A. G. Woodcock, Victoria Public Hospital, Fredericton, N.B.; Woodstock, Miss Elsie Tulloch, Fisher Memorial Hospital, Woodstock, N.B.; Conveners—Public Health Section: Miss Ada A. Burns, Health Centre, Saint John, N.B.; Private Duty Section: Miss Mabel McMullen, St. Stephen; Nursing Education Section: Sister Kerr, Hotel-Dieu Hospital, Campbellton; Committee Conveners: Canadian Nurse, Miss Kathleen Lawson, 84 Wright St., Saint John, N.B.; Constitution and By-Laws, Miss S. E. Brophy, Health Centre, Saint John, N.B.; Secretary-Treasurer-Registrar, Miss Maude E. Retallick, 262 Charlotte St., West Saint John.

NOVA SCOTIA

Registered Nurses Association of Nova Scotia

President, Miss Anne Slattery, Windsor; First Vice-President, Miss Victoria Winslow, Halifax; Second Vice-President, Miss Marion Boa, New Glasgow;

Third Vice-President, Sister Anna Seton, Halifax; Recording Secretary, Mrs. Donald Gillis, 123 Vernon St., Halifax; Treasurer and Registrar, Miss L. F. Fraser, 10 Eastern Trust Bldg., Halifax.

ONTARIO

Registered Nurses Association of Ontario (Incorporated 1925)

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District No. 8 Registered Nurses Association of Ontario

Chairman: Miss D. M. Percy, Vice-Chairman: Miss M. B. Anderson; Secretary-Treasurer, Miss A. G. Tanner, Ottawa Civic Hospital; Councillors, Misses E. C. McIlraith, M. Graham, M. Slinn, A. Brady, M. Robertson, R. Pridmore; Conveners of Committees, Membership, Miss E. Rochon; Publications, Miss E. C. McIlraith; Nursing Education, Miss M. E. Acland; Private Duty, Miss J. L. Church; Public Health, Miss M. Robertson.

District 10, Registered Nurses Association of Ontario

Chairman: Mrs. F. M. Edwards; Vice-Chairman, Miss V. Lovelace; Secretary-Treasurer, Miss E. Stewardson, McKellar Hospital, Fort William; Councillors: Nurse Education, Miss B. Bell; Publication, Miss Robinson; Private Duty, Miss Elliott; Public Health, Miss Hamilton; Membership, Miss Chivers Wilson and Miss Flannigan.

QUEBEC

Association of Registered Nurses of the Province of Quebec (Incorporated 1920)

Advisory Board, Misses Mary Samuel, L. C. Phillips, M. F. Hersey, Bertha Harmer, M. A. Mabel Clint, Rev. Mere M. A. Allaire, Rev. Soeur Augustine;

President, Miss Caroline V. Barrett, Royal Victoria Montreal Maternity Hospital; Vice President (English), Miss Margaret Moag, V.O.N., 1246 Bishop Street, Montreal; Vice-President (French), Rev. Soeur Allard, Hotel-Dieu de St. Joseph, Montreal; Hon. Secretary, Miss Elsie Alder, Royal Victoria Hospital; Hon. Treasurer, Miss Marion E. Nash, V.O.N., 1246 Bishop Street, Montreal. Other members: Miss Mabel K. Holt, The Montreal General Hospital, Mademoiselle Edna Lynch, Nursing Supervisor, Metropolitan Life Insurance Co., Montreal, Miss Sara Matheson, Apt. 24, 2151 Lincoln Ave., Miss Charlotte Nixon, 2276 Old Orchard Ave., Montreal, Rev. Soeur St. Jean-de-l'Eucharistie, Hopital Notre Dame, Montreal. Conveners of Sections: Private Duty (English), Miss Sara Matheson, Apt. 24, Haddon Hall Apts., 2151 Lincoln Ave., Montreal; (French) Mlle Alice Lepine, Hopital Notre Dame, Montreal; Nursing Education (English) Miss Martha Batson, The Montreal General Hospital, (French) Rev. Soeur Augustine, Hopital St. Jean-de-Dieu, Gamelin, P.Q.; Public Health, Miss Marian Nash, V.O.N., Bishop Street, Montreal; Board of Examiners, Miss C. V. Barrett (Convener), Royal Victoria Maternity Hospital, Montreal, Mme R. D. Bourque, Université de Montreal (Ecole d'Hygiène Appliquée), Melles Edna Lynch, Apt. 3, 4503 rue

St-Denis, Montreal, Laura Senecal, Hopital Notre Dame, Misses Rita Sutcliffe, 4635 Queen Mary Road, Montreal, Marion Lindeburgh, School for Graduate Nurses, McGill University, Montreal, Olga V. Lilly, Royal Victoria Montreal Maternity Hospital, Montreal; Executive Secretary, Registrar and Official School Visitor: Miss E. Frances Upton, Suite 221, 1396 St. Catherine St. W., Montreal.

SASKATCHEWAN

Saskatchewan Registered Nurses Association (Incorporated March, 1917)

President, Miss Edith Amos, City Hospital, Saskatoon; First Vice-President, Miss Ruby M. Simpson, Department of Public Health, Regina; Second Vice-President, Miss Helen B. Smith, General Hospital, Regina; Councillors, Miss Jean McDonald, 1122 Rae St., Regina, Miss Elizabeth Smith, Normal School, Moose Jaw; Conveners of Standing Committees: Nursing Education, Miss Gertrude M. Watson, City Hospital, Saskatoon; Public Health, Mrs. E. M. Feeney, Department of Public Health, Regina; Private Duty, Miss M. R. Chisholm, 805-7th Ave. N., Saskatoon; Legislation, Miss R. M. Simpson, Regina.

Associations of Graduate Nurses

ALBERTA

Calgary Association of Graduate Nurses

Hon. President Dr. H. A. Gibson; President, Miss P. Gilbert; First Vice-President, Miss K. Lynn; Second Vice-President, Miss F. Shaw; Recording Secretary, Mrs. F. V. Kennedy; Corresponding Secretary, Miss K. Shore; Treasurer, Miss M. Watt; Convener Private Duty Section, Miss P. Gilbert; Registrar, Miss D. Mott, 2219 2nd St. W.

Edmonton Association of Graduate Nurses

President, Miss Ida Johnson; First Vice-President, Miss P. Chapman; Second Vice-President, Miss E. Fenwick; Recording Secretary, Miss Violet Chapman, Royal Alexandra Hospital, Edmonton; Press and Corresponding Secretary, Miss Clow, 11138 Whyte Ave., Edmonton; Treasurer, Miss M. Staley, 9838-108th St., Edmonton; Registrar, Miss Sproule, 11138 Whyte Ave., Edmonton.

Medicine Hat Graduate Nurses Association

President, Miss M. Hagerman; First Vice-President, Miss Gilchrist; Second Vice-President, Miss J. Jorgenson; Secretary, Miss May Reid, Nurses' Home; Treasurer, Miss F. Ireland, 1st St.; Medicine Hat; Committee Conveners: New Membership, Mrs. C. Wright; Flower, Mrs. M. Tobin; Private Duty Section, Mrs. Chas. Pickering; Correspondent, "The Canadian Nurse", Miss F. Smith. Regular meeting first Tuesday in month.

BRITISH COLUMBIA

Nelson Graduate Nurses Association

Hon. President, Miss K. E. Gray, Superintendent, Kootenay Lake General Hospital; President, Mrs. J. P. Gussin; First Vice-President, Miss M. Madden; Second Vice-President, Miss P. Gausner; Third Vice-President, Miss A. Houston; Secretary-Treasurer, Miss M. McLeod, Box 905, Nelson, B.C.

Vancouver Graduate Nurses Association

President, Miss K. Sanderson, 1310 Jarvis St., Vancouver; First Vice-President, Miss M. D. MacDermot, Preventorium, 2755-21st Ave. E., Vancouver; Second Vice-President, Miss J. Davidson; Secretary, Miss F. H. Walker, General Hospital, Vancouver; Treasurer, Miss L. G. Archibald, 536-12th Ave. W., Vancouver; Council, Misses G. M. Fairley, M. F. Gray, M. Duffield, J. Johnston, J. Kilburn; Conveners of Committees: Finance, Mrs. Farrington; Directory, Miss M. I. Teulon; Social, Miss M. I. Hall; Programme, Miss G. Archibald; Sick Visiting, Miss C. Cooper; Membership, Miss M. Mirfield; Local Council of Women, Misses M. F. Gray, M. Duffield; Press, Mrs. D. K. Simms.

Victoria Graduate Nurses Association

Hon. Presidents, Miss L. Mitchell, Sister Superior Ludovic; President, Miss E. J. Herbert; First Vice-President, Miss D. Frampton; Second Vice-President, Miss C. McKenzie; Secretary, Miss I. Helgesen; Treasurer, Miss W. Cooke; Registrar, Miss E. Franks, 1035 Fairfield Road, Victoria; Executive Committee, Miss E. B. Strachan, Miss H. Cruikshanks, Miss E. McDonald, Miss C. Kenny, Miss E. Cameron.

MANITOBA

Brandon Graduate Nurses' Association

Hon. President, Miss E. Birtles; Hon. Vice-President Mrs. W. Shillinglaw; President, Miss E. G. McNally; First Vice-President, Miss Janet Anderson; Second Vice-President, Mrs. Lula Fletcher; Secretary, Miss Jessie Munro, 243 12th St.; Treasurer, Mrs. M. Long; Conveners of Committees: Social and Programme, Mrs. Eldon Hannah; Sick and Visiting, Mrs. Rowe Fisher; Welfare, Miss Gertrude Hall; Press Reporter, Miss Helen Morrison; Cook Book, Mrs. J. M. Kains; Registrar, Miss C. M. Macleod.

ONTARIO

Graduate Nurses Alumnae, Welland

Hon. President, Miss E. Smith, Superintendent, Welland General Hospital; Hon. Vice-President, Miss M. Hall, Welland General Hospital; President, Miss D. Saylor; Vice-President, Miss B. Saunders; Secretary, Miss M. Rinker, 28 Division St.; Treasurer, Miss B. Eller; Executive, Misses M. Peddie, M. Tufts, B. Clothier and Mrs. P. Brasford.

QUEBEC

Graduate Nurses Association of the Eastern Townships

Hon. President, Miss V. Beane; President, Miss H. Hetherington; First Vice-President, Miss G. Dwane; Second Vice-President, Miss N. Arguin; Recording Secretary, Miss P. Gustafson; Corresponding Secretary, Miss M. Mason, 151a London St., Sherbrooke, P.Q.; Treasurer, Miss M. Robins; Representative, Private Duty Section, Miss M. Morrisette; Representative, "The Canadian Nurse", Miss C. Hornby, Box 324, Sherbrooke, P.Q.

MONTREAL

Montreal Graduate Nurses' Association

Honl. President, Miss L. C. Phillips; President, Miss Christine Watling, 1230 Bishop Street; First Vice-President, Miss Sara Matheson; Second Vice-President, Mrs. A. Stanley; Secretary-Treasurer and Night Registrar, Miss Ethel Clark, 1230 Bishop Street; Day Registrar, Miss Kathleen Bliss; Relief Registrar, Miss H. M. Sutherland; Convener Griffin-town Club, Miss G. Colley. Regular Meeting, Second Tuesday of January, first Tuesday of April, October and December.

SASKATCHEWAN

Moose Jaw Graduate Nurses Association

Hon. President, Mrs. M. Young; President, Miss R. Last; First Vice-President, Miss C. Kier; Second Vice-President, Mrs. W. Metcalfe; Secretary-Treasurer, Miss J. Moir, General Hospital, Moose Jaw; Conveners of Committees: Nursing Education, Mrs. M. Young, Sr. Mary Raphael, Miss E. Jensen; Private Duty, Miss E. Wallace, Miss E. Farquhar, Miss T. Reynolds, Miss J. Casey; Public Health, Registrar, Miss C. Kier; Programme, Miss G. Taylor; Sick Visiting, Miss L. Trench; Social, Miss M. Armstrong; Constitutions and By-laws, Miss E. Lamond; Representative "The Canadian Nurse", Miss M. Gall; Press Representative, Mrs. J. Phillips.

Alumnae Associations

ALBERTA

A.A., Royal Alexandra Hospital Edmonton

Hon. President, Miss F. Munroe; President, Mrs. Scott Hamilton; First Vice-President, Miss V. Chapman; Second Vice-President, Mrs. C. Chinneck; Recording Secretary, Miss G. Allyn; Corresponding Secretary, Miss A. Oliver, Royal Alexandra Hospital; Treasurer, Miss E. English, Suite 2, 10014 112 Street.

A.A., Holy Cross Hospital, Calgary

President, Mrs. L. de Satge; Vice-President, Miss A. Willison; Recording Secretary, Miss E. Thom; Corresponding Secretary, Miss P. N. Gilbert; Treasurer, Miss S. Craig; Honorary Members, Rev. Soeur St. Jean de l'Eucharistie, Miss M. Brown.

A.A., Lamont Public Hospital

Hon. President, Miss F. E. Welsh; President, Mrs. B. I. Love; Vice-President, Miss O. Schele; Secretary-Treasurer, Mrs. C. Craig, Namas; Corresponding Secretary, Miss F. E. Reid, 1009 20th Avenue, W., Calgary; Convener, Social Committee: Mrs. R. Shears.

BRITISH COLUMBIA

A.A. St. Paul's Hospital, Vancouver

Hon. President, Rev. Sister Superior; Hon. Vice-President, Sister Therese Anable; President, Miss B. Geddes; Vice-President, Miss R. McKernan; Secretary, Miss F. Treavor, Assistant Secretary, Miss V. Dyer; Treasurer, Miss B. Muir; Executive, Misses M. McDonald, E. Berry, I. Clark, V. Pearse, S. Christie, R. McGilivray, K. McDonald.

A.A., Vancouver General Hospital

Hon. President, Miss G. Fairley; President, Miss Mary McPhee; First Vice-President, Miss Lunan; Second Vice-President, Miss Erskine; Corresponding Secretary, Miss Melnecek; Recording Secretary, Miss Collier; Treasurer, Miss Geary, 3176 West 2nd Ave.; Committee Conveners: Programme, Mrs. Gillies; Sewing, Mrs. Gordon; Sick Visiting, Miss Shaw; Membership, Miss H. Campbell; Mutual Benefit, Miss Maitland; Refreshments, Mrs. Blankenbach; Representatives: Local Press, Miss Cotsworth; V.G.N.A., Mrs. Wilson.

A.A., Jubilee Hospital, Victoria

Hon. President, Miss L. Mitchell; President, Miss Jean Moore; First Vice-President, Mrs. Yorke; Second Vice-President, Miss J. Grant; Secretary, Mrs. A. Dowell, 30 Howe St.; Assistant Secretary, Miss J. Stewart; Treasurer, Miss C. Todd; Entertainment Committee, Miss I. Goward; Sick Nurse, Miss E. Newman.

MANITOBA

A.A., Children's Hospital, Winnipeg

Hon. President, Miss M. B. Allan; President, Miss Catherine Day; First Vice-President, Miss Edith Jarrett; Secretary, Miss Elsie Fraser, Children's Hospital, Winnipeg; Treasurer, Miss M. Hughes, 15 Mount Royal Apts., Winnipeg; Sick Visiting Committee, Miss M. Atkinson; Entertainment Committee, Mrs. Geo. Wilson.

A. A., St. Boniface Hospital, St. Boniface

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Christmas Greetings

To all Canadian Nurses everywhere,
The Journal wishes a serene and joyful
Christmas-tide . . . May the flame of
our Christmas candles light the

way to a brighter

and happier

New Year



The Canadian Nurse

A Monthly Journal for the Nurses of Canada
Published by the Canadian Nurses Association

Vol. XXIX

MONTREAL, QUE., DECEMBER 1933

No. 12

THE CANADIAN SCENE

During the year which is now drawing to a close the editor of this *Journal* was given the privilege of visiting every Province in the Dominion, with the exception of Prince Edward Island. This undertaking was made possible by the generosity of the provincial nursing associations which met, jointly, the travelling expenses involved. It would be a poor heart indeed which did not respond to such a magnificent opportunity. It would be a dull imagination which failed to be stirred by such a journey, from sea to sea, and from north to south across Canada.

And here let it be said, lest it be forgotten, that Canada still stands. In spite of adversity, in spite of drought, in spite of political and economic unrest, Canada remains. Her maples flame in the autumn woods. Her snowy hills of God are as pure and stainless as ever. Her prairies still whiten to their harvest. The waves of two great oceans break upon her coasts. Moreover, Canadians are worthy of their common heritage. There is in them the spirit of their land — young, vigorous, daring, unconquerable. That national spirit is ours. We are Canadian nurses.

Though the primary aim of this tour was to promote the interests of the *Journal*, no opportunity was lost of observing the contemporary nursing scene. All over Canada the editor met and talked with groups

of nurses brought together under the auspices of provincial and local associations. There were many opportunities for conferences with nursing leaders and it was also possible to get at the thinking of many individual nurses by means of informal contacts at social gatherings. Since the function of this *Journal* is not confined to the assembling of facts and the reflection of opinion, but extends to integration and interpretation, it is the manifest duty of the observer, who had the good fortune to study national conditions at first hand, to make some comment concerning them. No attempt will be made here to report upon the specific work that is being undertaken and the progress that is being made in the various provinces. Official channels exist through which such information is made available from time to time. All that will be done in this and succeeding articles is to indicate the general trend of nursing thought and action in 1933—a year which has admittedly been a very difficult one.

At the outset it should be made clear that, on the whole, nursing morale is still good. That does not mean that there has not been considerable suffering and deprivation. It does mean that nurses have not lost faith in themselves or in their organizations. They are standing firm. They are realizing more keenly every day the need for

solidarity in the nursing ranks. Artificial distinctions between nursing groups are much less apparent. Hospital nurses, public health nurses, private duty nurses, are beginning to seek and to find common ground, and to make common cause. There may yet spring from the bitter root of the depression a new flowering of professional unity.

Another healthy sign is that nurses are beginning to see the necessity of closer contact with the community which they serve. Tentative and somewhat groping attempts are being made in some parts of the country to inform the public concerning nurses and nursing. There are still many barriers to be surmounted, but at least we are no longer trying to live all by ourselves in a vacuum. We are beginning to see nursing in its real setting as a public utility. Only beginning, of course, but even to begin to see brings us nearer to clear vision.

In such a vast country as Canada it is to be expected that there will be a divergence of opinion. Even within the confines of each Province there are marked differences in economic conditions, in political thinking, and in language and creed. But despite all these opposing points of view there is, in the minds of nurses, substantial agreement upon some important points and it is upon these that stress will be laid since such agreement indicates the general trend of nursing thought.

Broadly speaking, the subjects upon which nurses think alike may be assembled under two headings: economic and educational. Arbitrary separation of these two aspects of the nursing problem is however difficult, since the education of nurses is, under the present system, so involved with hospital finance as to be almost inseparable from it. Nevertheless in these

articles the approach will be made from two angles: first, economic and second, educational.

It is natural that at a time of economic crisis that the primary interest of the members of any professional group should be centered in this difficult business of finding a job and making a living. There is nothing sordid or mercenary about this pre-occupation. It is human and right. It would be strange if it were otherwise. Nor are nurses who are now employed necessarily exempt, since many of them must share their reduced incomes with members of their families who have long been without work. They, too, carry a share of the load.

It is, however, upon the private duty nurses that the burden rests most heavily. It is agreed by nursing groups and by individual nurses alike that it is in their ranks that economic maladjustment is most profoundly felt and gives rise to the greatest suffering. On the one hand the community suffers from lack of nursing care, especially in the home. On the other hand there is tragic unemployment and nurses are being forced either to seek a living in other occupations, many of them already overcrowded, or to return to their homes.

It may be urged that there is nothing new in this state of affairs which was shown by the *Survey* to have existed even in so-called prosperous years. It is not claimed that the maladjustment is new or that it is the result of the depression and therefore possibly temporary in character. That which is new is the attitude nurses are beginning to take toward it. *They are slowly, very slowly, ceasing to look back.* They are ceasing to expect that good times are just around the corner. They are beginning to admit the necessity for such constructive thinking as is certain to be required in a time of social and economic change. Such an attitude is new.

Another new thing is that private duty nurses both feel and admit the necessity of sharing their burden with the other nursing groups and that these groups, in turn, are beginning to accept this responsibility. This attitude may in part be due to the fact that the reduction of hospital and public health staffs has forced nurses, thus displaced, into the private duty field and has further complicated a difficult situation. In any event the net result has been good since it has led to a better understanding between nurses themselves.

It cannot yet be claimed that there is much evidence of the for-

mulation of policies looking toward betterment. Numerous experiments have been tried, none of them with any conspicuous degree of success. Nevertheless the mere fact that some attempt is being made to break loose from the rigid standard fee system is in itself encouraging and will clear the way for the working out of new plans later on.

In the February issue of the *Journal* reference will be made to some modifications of private duty nursing service which have actually been tried out in Canada and elsewhere, and also to the recommendations of the Committee on Costs of Medical Care as well as those of the *Canadian Survey*.

(To be continued)

A FINE ACHIEVEMENT

Extracts from the Report for 1933 of the Board of Governors of the Victorian Order of Nurses.

Victorian Order local associations throughout Canada are to be congratulated on what has been accomplished this past year. As their responsibilities have increased so has their determination to meet them been demonstrated.

There has been increase of work. In the neighbourhood of 752,000 visits have been paid to almost 80,000 patients. Fourteen thousand six hundred and fifty-one obstetrical cases were attended, — a decrease from last year, but it is interesting to note that the number of prospective mothers requesting complete nursing care, including attendance at delivery, has notably increased. There has been growth as regards medical and surgical work. For the first time, a sufficient number of well-qualified public health nurses has been available, owing to the return of a number of Canadians who have been living in the United States and the lack of extension of public health work

owing to present conditions in our own country.

In looking ahead, one can see that the visiting nursing associations may have to be ready to face much greater development and possibly to assume a vastly different position in the community. It may mean some further sacrifice on the part of workers, voluntary and executive, or it might be as *Public Health Nursing* suggests, that: "Organizations may have to 'get ahead of themselves' and see—just once—an adequate staff to meet all present demands". Then these related lines might well be developed. But in nearly all public health nursing agencies it is a struggle to keep up present services and answer the daily calls for home visits. Only a few dare dream of the day when, with capital set aside for the purpose, they can develop the dozens of opportunities waiting at their doors.

PARENT EDUCATION

ALICE THOMSON, Associate Supervisor, Maternal and Child Welfare Division
of Public Health Nursing, Toronto.

Parent education? What is it? Why do people have to be educated to be parents? Isn't that one of the jobs that everybody can take on without any training? Of course, we must train people to be stenographers, milliners, nurses, teachers, doctors—but parents—anybody can qualify for that job!

Until a few years ago, this was the generally accepted idea. Then some doctors and nurses began to say that parents needed some training for certain aspects of their job. It was found, for example, that mothers did not know instinctively how often their babies should be fed or, if they were unable to nurse them, what were the best foods to give. In the physical care of children, then, parent education was needed, and infant welfare became an accepted part of the public health movement. Nurses began to visit mothers to advise them about bathing, clothing, fresh air; in other words, the principles of infant hygiene. Education of parents for the physical care of their children came to be a recognized need.

It has always been an accepted fact, however, that a parent has not discharged his whole duty to his child when he has fed and clothed him. There are even more important consideration than the actual physical well-being of the child. He must be trained, brought up, disciplined, made to obey, taught to be truthful, unselfish, kind, deferential to his elders—in fact to have all the virtues that his parents and the circle in which he moves expect of children. What of this aspect of the job of parenthood? Is there anything to learn

about it or do parents know it instinctively as it was once thought they knew how to give physical care? It is still believed by many people that parents do know this instinctively. There are, they say, a few maxims which may be used as a guide, but in the main, it is not a matter to be handled by knowledge or technique or any particular kind of judgment and is just a matter of common sense.

This is the question then which we must put to ourselves. Is child training a subject about which parents can learn something which will be a guide to them in caring for their children, or is it so intangible that no principles can be laid down except a few maxims which often contradict each other—a subject to which the parent need not give any thought, but in which he can be guided by his own judgment and common sense?

To answer that question one must ask another. Why do some children turn out well while others do not? Why does Johnny Jones keep bad company, steal and finally find himself in a reformatory while Billy Smith is honest, straightforward and steady? Obviously, it cannot all be blamed on heredity for, while some characteristics may be inherited, stealing and a choice of unsuitable friends can not. What then? You say, "Probably Johnny's father steals and Johnny learned to do it from him"—and you may be right. Children learn many of their bad habits and many good ones just by copying their parents. They are great imitators.

Is there any principle that could be suggested to parents if one were

doing parent education? Is it not just common sense that, if we want our children to be truthful, orderly, and kindly, that we must be truthful and orderly and kindly ourselves? Yes, it is, and it is one of the first principles to be learned by a parent—yet one hears a mother say, "Don't go down there! There is a bogey man", or "If you cry the nurse will take you away with her", and later, one hears her complain in a most pained tone that "Johnny lied to avoid a whipping."

Why does Mary Brown eat her vegetables and milk pudding every day while Sally White will have nothing but potatoes and bread and jam? Is it always because Mary and Sally are copying their parents, or is there some principle of child management other than example? There must be another principle because in Sally's case her family do eat a variety of foods, yet Sally is adamant. What is this other principle? Should we go back to the maxim about sparing the rod—and should Sally be spanked during every meal when she refuses her carrots or junket? Many parents have tried this method a few times and have found that it worked once or twice, but that after that all sorts of difficulties arose. The child began to hate to come to meals, cried when they were mentioned, and even refused foods which she had previously accepted. What then is the answer? Should the mother try coaxing? Many parents have tried this too, and have found that the child very soon learned that refusing food was a fine way of getting attention—so he refused it and had a lovely time being coaxed and cajoled, having special dishes prepared, and so on. What then? Probably before the mother tries any more devices it might be well to pause and to ask "Why does my child refuse these foods?"

This is the first step in parent education—that parents learn something of why children behave in certain ways—and learning why is not always easy. It involves a study of how children learn, how they form habits and what the fundamental urges are that drive them to action. Such study can seldom be made in a few days or even weeks, but requires thought, reading and conference over a fairly long period. When a parent has mastered the "why" of child conduct, she is in a fair way to learning how to have her child develop into the kind of individual she wants him to be. When she has learned "why", she knows that there are no pat phrases or formulae that will automatically solve her problems with her child, but that there are certain principles which when applied to the individual problem are helpful in solving it.

At this point a question is probably arising in the mind of every nurse who is reading this paper—"What has that to do with me? I'm not a parent—may never be—why should I be interested in this business of parent education"? The nurse has very decidedly accepted a place in the field of education of parents for physical care of children. Has she a place in the field of education of parents for the mental and emotional development of their children?

To answer that, we must again look at the child for a moment. Can he be divided into compartments which can be cared for separately, or does not the parent have to care for the whole child? Is it possible to separate his emotional development from his physical development? Are not the two inextricably bound together? If the child has a temper tantrum every time a glass of milk is put before him, can the mother guard his physical

development without first solving the emotional difficulty? Since, then, the nurse has accepted responsibility in the field of physical care of children, does she not automatically become responsible in field of mental hygiene and child guidance?

Can any one of us be satisfied to say to a parent "Feed your child thus and so" and walk away from her quickly before she has time to reply, "But nurse, he won't eat thus and so!"? Have we done our duty when we say "Your child needs twelve hours' sleep every night with the windows open" if we do not know what to reply when the mother says, "But nurse, I put him to bed at seven o'clock and he stands up in his cot and yells till nine"? If, as we believe, every nurse should be a health teacher, can she teach anything that is of lasting value to her patients about the care of their children if she has no knowledge of why children behave in certain ways nor of the importance for both physical and mental health, of a proper relationship between parent and child?

Granted then that the nurse must be prepared to deal with mental hygiene as well as physical hygiene, how may she prepare herself for this aspect of her job? Since all nurses are potentially educators, it would seem that all nurses should receive some preparation for this in their training. Since the public health nurse is

primarily an educator, and to a large extent an educator of parents, it is obvious that preparation for her job is incomplete unless it includes at least some knowledge of the fundamental principles of mental hygiene and child guidance.

For the nurse who is already active in the field as an institutional nurse, a private duty nurse, or a public health nurse, there are evening courses in most universities, and there are also helpful books. Some nurses may wish to fit themselves to discuss this material with groups of parents as well as with individuals. This probably applies particularly to public health nurses who, as part of their child welfare programme, are anxious to do group teaching in child health centres. For this, special courses are given, in order that the technique of group leadership may be learned as well as the actual material to be taught.

To sum up—there is certain definite material which can be given to parents which will be of help to them in training their children. The nurse in whatever field she may be working, but especially in the public health field, has opportunities to give this material to parents and should therefore be prepared to give it—and most universities have courses which can be taken in either full or part-time, which will prepare nurses to do this.

RHEUMATISM, CHOREA AND HEART DISEASE

A. P. HART, M.D., Toronto.

Rheumatism is a general infection usually contracted in childhood; two-thirds of the cases occur between five and fifteen years of age. Although there is no general agreement as to what the organism is, the more recent work points to its being a form of streptococcus and one which is, in its characteristics, rather akin to the streptococcus salivarius and streptococcus faecalis which are normal inhabitants of the mouth and bowel. This would suggest that the soil is more important than the seed, and that defects of inheritance and environment render certain individuals more susceptible to the ravages of this infection. It is, broadly speaking, a disease of those who have to attend outpatient clinics. Damp, cold houses, and poor hygienic surroundings are certainly large factors in its causation.

One-third of the cases are initiated by an acute attack of tonsillitis, and it is almost certain that the organism gains entry through this portal in quite a large proportion of the other cases, without stirring up enough reaction at the local site to give rise to symptoms.

It would be much better were it generally understood that tonsillitis, growing pains, lumbago, stiff neck, chorea, inflammatory rheumatism, erythema and rheumatic nodules are likely to be manifestations of the activity of this germ and, for that reason, should be considered seriously. The observation of the earliest signs of this disease in children is important because by the recognition of these we can do most good in the way of prevention. Among these are loss of appetite, loss of weight, tiredness,

and increasing pallor. Often these children have a sallow tint and general unhealthy appearance, with a flushed cheek which frequently tends to have a mauve tint on coming into a hot room.

Here, then, you have a child pale, toxic, tired, off food, running a little temperature and losing weight. You will immediately be struck by the similarity to the tuberculosis child, and indeed, so far as symptoms go, they are practically alike. From the point of view of their ultimate importance all these signs and symptoms are negligible in themselves. Their real significance is as indicators warning us of a possible carditis or heart infection. All such children are potential heart cases.

Chorea

Before proceeding with the treatment, this would probably be the most opportune time to say a few words about chorea. We believe it to be due to the same cause as rheumatism, because it is the only other disease accompanied by this heart complication, and is frequently followed by acute rheumatism or follows acute rheumatism, or is present at the same time. It occurs in the highly-strung neurotic type of child who tends to head the class. The first signs are a change of disposition—irritable, quarrelsome, peevish. At school the child is inattentive and cannot concentrate. The handwriting becomes bad, and there is marked emotional instability. These children have been well named the April showers children. They are alternately sunshine and shadow, and can laugh and cry at the same time.

Care of Rheumatic Carditis

We must deal briefly with the

An address delivered before the Ontario Educational Association, Toronto, 1933.

cases in which we have been unfortunate in not seeing them until the heart is already affected. This will be manifested by increasing pulse rate, more or less elevation of temperature, probably a murmur and possibly some dilatation of the heart.

Rheumatism in the heart is brought in by the coronary circulation—not by blood passing through the cavities. In the child, and for a varying period into adult life, there is a blood supply which can be demonstrated right into the cusps of the various valves. When rheumatism has affected the heart these vessels persist in the valves for a much longer period than in healthy hearts. This may help to explain why, in some cases, once having had an infection, it tends to recur in spite of all that we can do.

If it be the first attack of rheumatic carditis in which we see the child, and it is not one of those years in which the infection is particularly virulent, rest in bed until the pulse and temperature are normal and for at least six weeks after this, then removal of the foci, and building up, the patient will do well and probably will not have the heart so severely damaged that he will not be able to carry on a more or less normal existence.

If it is a re-infection, it is apt to be worse, and we are more apt to have a pericarditis. Here, absolute rest, which should be assured by adequate doses of some kind of opium, is essential. An ice bag over the praecordium may relieve pain. In all these cases one must treat the secondary anemia because there is no infection that is so rapidly accompanied by a secondary anemia. When they are convalescent, gradually work up their exercise tolerance, but do not overstep it. This will be evidenced by shortness of breath, fatigue, pain or palpitation.

Prevention of Cardiac Damage

Build the child up in every way by extra rest, good food and fresh air. Have foci removed. As you will have gathered, we feel that one of the most important of these is the tonsils. What are the signs of tonsils which are liable to give trouble? In the first place I would stress that it is usually not the large tonsil. It is frequently a moderate or small-sized tonsil, with the anterior pillars deeply injected, probably slight enlargement of the tonsillar lymphatic gland and often with deep crypts showing on the surface of the tonsil. If the heart has already been affected, it is most important to choose wisely the time when these tonsils should be removed. They should not be removed while there is still any sign of activity of the infection. One must wait until the temperature has settled down to normal and is without wide diurnal swings, and the pulse rate is normal. Similarly, in chorea, one should choose wisely when the child is as quiescent as possible, otherwise there is grave danger of lighting up the chorea and making the child worse than ever.

One does not need to emphasize the importance of trying to get these cases early, while they are still potential cases, and before actual cardiac damage has been done. By having all foci removed, and building the child up to the highest point possible we can do so much in the way of prevention of acquired heart disease. Surely this is the ideal. At least ninety per cent of acquired heart disease in children is due to rheumatism or to this germ.

Psychological Aspects

There is another aspect often overlooked. One must revive, nourish and protect the spiritual heart of these children. There is an especial danger that the spirit

will be depressed when the body is diseased. These children may become discouraged, lose heart and all interest in the joy of living.

From time immemorial, great leaders—heroes and figures in history—have developed in spite of crippled bodies. They must have an ideal. Religion probably is one of the best aids in fostering it. But man's real religion may be other than the accepted idea of 'such things.

How does this apply? The secret lies in the home—the bulwark of the present and the future. We must strive to build up the home again, its morale and its vital place

in bringing up the child to be happy. This function must not be delegated to doctors, nurses, teachers or social workers.

One of the present weaknesses of the home is the utter lack of discipline. Children are pampered and spoiled and their whole lives are ruined. Heart disease must not be allowed to break down discipline. By discipline, encouragement and good cheer the child with heart disease may even profit by his handicap; for it is usually the person who has to overcome obstacles who does the best things in life. *The spur of the handicapped heart may make a genius.*



IN HOSPITAL

I have seldom had a chance to brag of my robustness, but I have found that a very fair working substitute for rude health can be conjured up by forgetting all about oneself except for a few elementary precautions. If I get sick, I leave it to the doctor to put me right, and think about something else. I was once withdrawn from school for several months; but the shelf beside me during the weeks in bed was filled with telephone parts and books on electricity, and I never knew till afterwards that I had been seriously ill.

Things were not dissimilar now. I was picked up after a week of fighting for breath, and carried off

gasping and wheezing in an automobile. I was barely able to turn my head to look at the broad elevated terraces of sand and gravel which are wrapped around the feet of the northern mountains—those ancient sea-margins which I had never failed to scrutinize keenly on any previous occasion. Then up, up, up the slope to the hospital. I had always felt a shrinking as regards hospitals; but just then I cared for nothing except to get my breath once more.

The medical treatment took such prompt effect that I enjoyed my breakfast next morning, and sent a message soon afterwards for lots of scribbling paper, pencils, and rubber, as my scratch pad was melting away in the course of the conversations with doctor and nurses, which had to be written on account of my deafness. The slug-

The writer is a well-known Canadian city engineer, who modestly prefers to hide his identity under the single initial: P.—Editor.

gishness of brain had gone and ideas were beginning to flow again, and asking to be written down. The hospital stenographer let me have some sheets of paper to go on with; and the nurse brought me a folding draughtboard, which enabled me to write in the same fashion as R. L. Stevenson is seen doing in a well-known sculpture piece.

I now began an autobiography, but lost interest in it after I had brought it down to my tenth year. I asked if the hospital library held a Tennyson, and sent home for Canon Streeter's book on *Reality*, which I had bought three years before, but had never read. I now felt in the mood for it. I had been engaged on some rather irksome compiling work during the week of breathlessness; but I preferred anything else to that job now, so long as it was not the reading of fiction. A bit of a complication took the edge off my keenness for Streeter's book for twenty-four hours; but after that I was ready even for philosophy, and I followed the argument with reasonable success.

The kindness of one of the nurses had, in the meantime, secured for me the loan of a Tennyson, which, however, had one drawback. It was such a fine copy that I was in constant fear of a splash of water. Still, I managed to re-read the poems which I liked best, and to enjoy them in tranquillity. I found once more what I regard as the most imaginative line in Tennyson: *All in the blue autumnal weather*. I cannot expect many to agree with me as regards that line; but I never read it without a fresh vision of the road to Camelot and the country overlooked by Glastonbury Tor, drenched in the light of afternoon.

There was another book which I read in hospital—*Peter Pan in Kensington Gardens*, by J. M. Barrie. I had walked through

those gardens morning and evening for three months many years before but it had not been given to my prosaic eyes to recognize any of the fairy rings. I had disliked the gravel walks and the trim grass lawns for their very contrast to the natural wildness of the country lanes which I had left behind me. I was quite able to recognize the features of the gardens described by Barrie under fancy titles. But that did not prevent me from feeling that one reading of the book was enough.

A friend called on me, and asked for advice regarding mosquitoes, which I embodied in a staid memorandum. By this time a quantity of paper had reached me, with a surface rough enough to make the pencil bite easily. I wrote some long letters, besides two essays, one on *Luxuries of the simple life*, and the other on *What I know about popping the question*. I also began to re-write a manuscript which I had brought to Canada twenty-seven years ago, but which the rats had destroyed.

A deaf man cannot expect to be allowed much intercourse with his fellow-patients. But I made an interesting discovery. My nearest neighbour had one of those remarkable memories for figures which I, who can never add up beyond sixty without my memory slipping a cog, can only admire and envy. Nature seems to give each of us at least one special endowment, which corresponds, I suppose, to the talent in the parable. The lucky man is he whose circumstances enable him to utilize his special gift in his daily occupation. My neighbour was one of those lucky persons. I had been endowed with the gift of forgetting faces and figures with exceptional promptness; but, throughout a fairly long and mentally adventurous life, I had never succeeded in

making my gift of quick forgetting contribute to the piling up of a fortune, though it had once or twice contributed to my comfort. Not that the slowness in the growth of my money-tree had ever disturbed my digestion.

It was delicious to be coddled and relieved of all responsibility for one's doings for a whole fortnight; but I could not help growing a little uneasy, in spite of the care and gracious attention which I was hourly receiving. For one thing, I had seen my face in the glass. Although personal neatness was never a foible of mine—in fact very much the reverse—the sight of that fortnight's growth of beard stuck in my memory, and persistently recalled the story of the man who was asked to lend his face to fight a dog with. My old Rodgers razor, several miles away, began to look exceedingly desirable.

There was another matter, which was even more serious. The mail had not been idle. I had received a fat package of picture post cards and pamphlets from the South Kensington Museum in London. Two good-sized pamphlets giving details of the history and geology of the Yellowstone Park had come, together with the July number of the *National Geographic*. I had actually read the article on *The Eagle and his Kin* in that issue, notwithstanding an utter lack of interest in birds and all other animals. But I had at least managed to preserve my consistency by going to sleep in the middle of it. My manuscripts, however, were piling up and the question was staring me in the face, where was I to put all my stuff? William Morris, poet and artist, once remarked in his emphatic way, "How I do love tidiness!" Yes, so does everybody,

I suppose. But tidiness can only be had on one of two conditions—either severe restriction of our possessions or ample room and receptacles enough, coupled with a memory which can be depended on to remind us where we have put things. I have no great faith in the method of severe restriction, for it seems to me that its practitioners are like the five foolish virgins in the parable—always pestering their neighbours for the loan of something to take the place of an item which they have jettisoned. Still, there was no disguising the fact that I had once more reached the condition of overcrowding which had bothered me all my life. It was against every precedent to turn a hospital ward into either a library or a filing room for papers. But my doctor cut the Gordian knot which I could not untie by the simple device of packing me off home.

The drop down to near sea-level began to show results in a few hours; for the flow of ideas slackened appreciably. I began to speculate on what would have happened if I had remained some weeks longer on the hill. I used to find in my climbing days that, however limp I might be at starting, as soon as I had got up 1,500 feet I was ready for the day's work. I wonder if a longer stay in the rarefied air of the hospital would have enabled me to write a poem or a story. I had never attempted them, for nature had endowed me with gumption enough to know that I had not got it in me to do either. Perhaps if I had set my teeth good and hard, I might have produced a free-verse outburst. But the difficulty would have been to reconcile my shred of a conscience to the necessity for calling it poetry!

The Canadian Hospital Council Meets

The second biennial meeting of the Canadian Hospital Council, held recently in Winnipeg, created a real milestone in hospital progress in Canada. The Council is not a hospital association in the usual sense but is made up of representatives of the twelve different hospital associations in Canada, the Department of Hospital Service of the Canadian Medical Association, the Federal Department of Pensions and National Health and the various provincial governments. Its purpose is to co-ordinate the activities of the various hospitals, their associations, and the governmental bodies with which they come in contact. As time goes on it is hoped to establish policies and standards for hospital activities which will develop in Canada a hospital system which will best meet the needs of our people, be most suitable for our particular social and climatic needs and which will give us a hospital system, the finest to be found anywhere.

The three-day session of the Council was unique in that formal papers were eliminated and the entire conference was of an informal round table nature. The agenda was based largely upon material contained in an excellent series of studies which have been in progress during the past two years.

Much of the success of the meeting was due to the excellent manner in which the president, Doctor F. W. Routley, of Toronto, conducted the meetings. The most extensive report was that on construction and equipment presented by Mr. J. H. Roy, manager of the Hopital St. Luc, Montreal. Of considerable interest was the report on public relations submitted by the committee under the direction of Rev. R. J. Williams of Boiestown, N.B. Another outstanding report was that of the committee on the problems of small hospitals, the chairman of which was Rev. H. G. Wright of Inverness. The committee on administration and statistics under Doctor G. S. Williams, superintendent of the Children's Hospital, Winnipeg, made a strong plea for the standardization and simplification of account-

ing in hospitals and for the establishment of uniform standards for estimating patient-day costs. Mr. Leonard Shaw of the Saskatoon City Hospital gave the report of the committee on finance, in which various methods of maintaining revenues were considered, including group hospital insurance and municipal hospital arrangements. Tuberculosis among nurses in training was the thesis chosen by the committee on research. Under the chairmanship of Doctor R. T. Washburn of the University Hospital, Edmonton, and with the assistance of Doctor R. J. Collins of St. John and others, this committee has embarked upon a five years' study of this subject and the report presented at the Council was an interim one of results noted to date. The relationship between the medical profession and the hospital was discussed at a joint session of the Council with the Manitoba Medical Association, the discussion being led by Doctor A. K. Haywood of Vancouver, and Doctor J. D. Adamson of Winnipeg. Of especial interest was a consideration by Doctor Grant Fleming of Montreal of the desirability of closer relationship between hospitals and public health agencies. A particularly delightful interlude was the luncheon address of Doctor D. A. Stewart of the Ninette Sanatorium on *Prairie Pathways and Peoples*. The success of this meeting is proof of the value of closer co-operation between the various groups interested in hospital work and development in Canada.

Congratulations

It will be a source of pleasure to the readers of the *Journal* to learn that Dr. George M. Weir, who so ably directed the *Survey of Nursing Education in Canada*, has been elected as a member of the Legislative Assembly of the Province of British Columbia and will be a member of the Cabinet in the dual capacity of Minister of Education and Provincial Secretary. Nursing could not wish for a better advocate than Dr. Weir.

The Editor's Desk

Noel

Even as these lines are being written, Christmas is in the air. Hoar frost in the mornings, bare branches etched sharply against the winter sunset. Reminders that there are dangerously few days in which one may hope to eke out one's shopping allowance so as to meet impossible demands. Already there are baskets of crimson cranberries in the shops and the smell of mincemeat haunts the kitchen. Before long Santa Claus and his bell will be on every street corner with the cheerful admonition to keep the pot boiling—and then it will be Christmas. The Day itself. To all Canadian nurses, everywhere, *The Canadian Nurse* wishes a serene and joyful Christmastide. May the flame of our Christmas candles light the way to a brighter and happier New Year.

The Canadian Scene

In this issue will be found the first of a series of articles dealing with the contemporary nursing scene. An honest attempt will be made to set down what nurses are thinking and to forecast the possible action which may come as a result of this thinking. The editor would welcome comment and criticism and extends a cordial invitation to all those who are interested to join in what she hopes will develop into a debate.

The Index

This month the *Journal* presents its *Index* for 1933. We are proud of this index for many reasons. The number of reprinted articles is very few. Original contributions from nurses have greatly increased. Student nurses are responsible for several articles of outstanding merit. The departments of nursing education and public health nurs-

ing have maintained a high level. And private duty is coming on fast. In fact some of the best articles dealing with the economic crisis in nursing have appeared under that caption. Read *The Crisis in Private Nursing* which appears this month. Nurses are becoming more articulate, both through the written and the spoken word. But we have much to learn before we shall speak with a voice which shall ring clear and true in the ears of those we serve—the public and the medical profession.

Pride Goeth Before a Fall

We were so pleased with the September *Journal* that we gaily sent it off for criticism to a real editor of our acquaintance whose magazine has a circulation of over half a million. Nothing happened for some weeks. Then we got a long letter. It was all about that cherished September number in which we had taken such innocent pride. It appears that there were many things wrong which the editor should have put right. But there was one sentence which pleased us very much: *Your Journal is wholly in character. By that I mean that it is what one would expect in format and make-up of a Journal such as The Canadian Nurse.* So we know that we are on the right path even though we stumble a bit. If, during the coming year, the uniform of *The Canadian Nurse* is neater and more professional, it will be largely due to the kindly critic who found time in his crowded day to point out a more excellent way. Watch for the January issue. No loose ends or superfluous ornament—and lots of trouble for the printer.

The Alberta Annual Meeting

The eighteenth annual convention of the Alberta Association of Registered Nurses was held on Oct. 11 and 12 in Calgary, with the president, Miss F. Munroe, in the chair. Reports from the three sections and various committees were read. Miss E. McPhedran, the representative to the Senate of the University of Alberta and a member of a committee appointed by that body to visit the training schools of the Province, reported progress. Miss A. Lawrie spoke on the curriculum, pointing out the intricacy of this problem in the present age of rapid change. Miss F. Keith contributed a paper on exchange of nurses between large and small hospitals, and Miss K. Brighty presented a report of the International Congress. Miss Johns, editor of *The Canadian Nurse*, was the guest speaker, and

chose for her address the topic of "Common Ground." Miss Johns also led a round table discussion on bringing together the people who need nursing service and the nurse who needs work. Chairmen for the three sections were appointed for the ensuing year: *Private Duty*: Miss J. C. Clow, 11138-82nd Ave., Edmonton; *Public Health*: Miss B. A. Emerson, 604 Civic Block, Edmonton; *Education*: Miss J. Connal, General Hospital, Calgary. The formation of regional committees throughout the Province as a means of stimulating interest in *The Canadian Nurse* was approved. On the opening day the delegates were entertained at tea by the Sisters of the Holy Cross Hospital and, after the closing session, at the Calgary General Hospital.

A Refresher Course

A refresher course under the direction of the private duty section of District 1 of the Registered Nurses Association of Ontario, was held in London, on October 19 and 20. A total registration of 67 nurses is reported. Of this number 23 were private duty nurses, 36 were institutional nurses, 6 were public health nurses, and 2 were registrars.

The fee charged was \$3.00 for the full course, or \$1.50 for one day or 75 cents for a half day. Twenty-three nurses attended full time, of whom fourteen were private duty nurses attending for one day only, thirty-five nurses attending for part of one day. Nineteen nurses came in from Queen Alexandra Sanatorium for Friday afternoon. This refresher course was financed by the nurses who attended, by means of the fees paid.

Afternoon tea was served at the close of the lectures on Friday by representatives from the Alumnae Associations of Victoria Hospital, St. Joseph's Hospital, and the Ontario Hospital. The committee in charge of the course was composed of: Miss Mildred Walker, Chief of Division of Study for Graduate Nurses, Institute of Public Health, first vice-chairman of District 1, R.N.A.O.; Miss Margaret Jones (convener) of London;

Miss Florence Conley of London, Miss Annie Campbell of St. Thomas, and Miss Hazel Hastings of St. Thomas.

The programme included the following lectures and demonstrations: "Preventive medicine, serums and vaccines", Dr. A. J. Slack, Dean of Faculty of Public Health, University of Western Ontario, Director of Institute of Public Health; "Superstitions concerning pregnancy and malformations of the newborn", Dr. Madge Macklin, Professor of Embryology, University of Western Ontario; "Psychic aspects of the patient and the nurse", Dr. G. K. Wharton, Instructor in Medicine, University of Western Ontario; "Reporting of communicable diseases", Dr. W. S. Downham, Medical Officer of Health, London; "Basis of a normal diet", Dr. G. K. Wharton; "A few facts regarding diet in disease", Dr. G. K. Wharton; "Demonstration of obstetrical care in the home", Miss Mildred Chambers, supervisor of the Victorian Order of Nurses, London; "Nursing technique of the surgery of the Thorax", Dr. H. Murray Simpson, Instructor in Surgery and Anatomy, University of Western Ontario; "Demonstration of an oxygen tent", Miss Alice Johnston, nursing staff of the Victoria Hospital.

Department of Nursing Education

CONVENER OF PUBLICATIONS: Miss Mildred Reid, Winnipeg General Hospital, Winnipeg, Man.

THE EDUCATIONAL CONTENT OF A WARD

KATHERINE H. SCOTT, Reg. N.; Supervisor, Medical Division, Toronto General Hospital.

Dr. Clarke in an address* given at the Bi-ennial Meeting of Canadian Nurses Association spoke as follows:

"Nursing involves close and peculiar contact with human beings in a condition of peculiar need, and the strenuousness and tension which are involved in its pursuit call for a personality that is peculiarly rich in inner resources and means of preserving balance and sanity. In a word it calls in a pre-eminent degree for just those refined and human traits that it is the business of liberal education to provide."

What educational opportunities do our wards offer by way of a liberal education? I suppose the obvious answer is that, of course, the patient, the pivot around which all activities in the hospital revolve, comprises the educational content of any ward. That is partly true, but, to follow that line of approach might lead only to thinking about conditions and diseases, with their attendant social and mental adjustments.

Again, we might consider the ward as a temporary home for sick people and the nurse as a hostess in addition to being a skilled worker. This introduces many factors which are of undoubted educational value. These would include development of forethought and patience together with a kindly tolerant attitude of sympathy and understanding, not only to the pa-

tients but to their visitors and to the other workers on the ward. Efficiency in various procedures and techniques is very important as is a knowledge of disease and its care and prevention. We include here, also, the function of the nurse as an interpreter and teacher of health to patients and to their families.

But our problem respecting the educational content of a ward brings us to a plan of administration which must provide a setting wherein the aims and ideals of an educational scheme may be developed and fostered. In order to make a ward an educational centre we must provide those conditions which give it educational value and which will satisfy modern conceptions of educational requirements. We must have adequate equipment and teaching facilities; we need teachers who have a plan of teaching based on an understanding of the individual student; we must have students who are thinking students, whose progress we guide as intelligently as we can. Finally we must have a curriculum.

It is not only necessary that a ward be adequately equipped for the care of patients but that it be smooth-running so that it will offer a satisfactory environment for the various types of learning and teaching. The experiences of a nurse on a ward will be educational only in so far as the head nurses and the teaching supervisors provide the means and the atmosphere to make it so. The curriculum will

*See "The Canadian Nurse", August, 1932, p. 411, Dr. F. Clarke, Professor of Education, McGill University, "Life, Profession and School".

include all experiences, emotional included, to which a student nurse is exposed.

Modern education seeks to assemble doing, feeling and thinking in a single unified action. We learn best when we want to know. Then we encounter difficulties. These make us think. Finally, we seek information to help us solve these difficulties. Thus, we know that no greater stimulus to sincere effort on the part of an enquiring student could be provided than that found in nursing a small group of people, for whose comfort and happiness and perhaps recovery she is, in a large measure, responsible. There is no doubt that initiative is often tested under unusually severe circumstances.

It has been said that education does not only involve accumulation of facts, but the ability to use those facts. Those in charge of a ward who seek to help students must provide them with tasks which, in addition to developing skill, will lead to thinking. Ward experience should be so planned that an appeal may be made to the intelligence of the student. A wise head nurse will provide each student with experience in situations that call for resourceful handling. Assignments should also be given which lead the student to seek information for herself. Here, the matter is approached from a vastly different angle from that of the classroom where information of possible future usefulness is given. The classroom periods could be more used in interpreting the principles underlying practice.

We are well aware of the shortcomings and difficulties in planning means whereby effective learning may result and much has been said about what Dr. Weir describes as "The problem that defies solution, the over-crowded daily routine." This is an economic condition

wholly outside our control, and yet we must face it. We need more often a vision that reaches beyond the day's work, together with an appreciation of the aims we wish to accomplish. Yet, certainly, the necessary haste of getting work done and the pressure under which the students must work on the average ward removes every possibility of giving to that work its full educational value.

It is becoming increasingly apparent that head nurses should have very special preparation for their multiple responsibilities as administrators, expert nurses, teachers and housekeepers. Practical application of that knowledge must result in a changed viewpoint and a conscious effort to develop but without sufficient help, for them too, true education is impossible.

Sister John Gabriel in her book, *Principles of Teaching*, points out that the four fundamental objectives in a scientific approach to learning are provided in hospital wards. These laws are:

- The law of purpose;
- The law of satisfaction;
- The law of exercise;
- The law of association.

We know that, under skilled guidance, a ward offers an ideal setting in which to develop the problem project method of teaching. To make ward experience of value the Committee on Education of the National League of Nursing Education in United States has outlined that it should provide for the attainment of the following six essentials: manual skills; experience; kindness; persistence; leadership; intuition.

Thought must be given to selecting those things which can best be taught at the bedside of the patient. The type of teaching will depend on the opportunities offered and the needs of individual students, and we must add, the re-

sourcefulness of the teacher. When nurses know that there are people who are primarily interested in making their experiences helpful they do not hesitate to seek guidance, and make opportunities to get the help they desire. This attitude, that of an interested friend, encourages learning and the results will depend upon the teacher's ability to guide or to inspire to greater effort.

Too much thought cannot be given to the influence and example of those in charge. In thinking of the educational content of a ward we cannot escape that intangible something that is the soul or spirit of the ward. Something that reflects the attitude of those in charge. Call it what you will—standard of values—point of view—whatever it is that gives it its particular personality. This will show in countless ways and the patients are the first to feel it. The way in which new patients are greeted when they arrive on a busy ward, the courtesy and consideration extended to friends, the attitude toward illness, and death, and the manner in which all the workers on the ward are controlled—all these reveal much more forcibly than the spoken word the outlook and the appreciation of what nursing includes in the minds of those responsible for directing education on the ward.

If a head nurse insists that all the routine morning care be somehow finished before rounds in a time when it is impossible to give even the minimum care prescribed, then the patients become, in the harassed minds of the students, just so many obstacles in beds that somehow interfere with the attainment of the all-important tidy ward. Yet, that same head nurse may later give a very fine talk on the nursing care of some patient. One wonders if the receptive mind

of the student would not be more influenced by example than by precept.

Clinical ward experience should include the intelligent application of the theory of nursing. This presupposes a close co-operation between the classroom work and the ward experience. It would appear that this co-operative scheme could satisfactorily be met by having the theory and practice work in charge of the same teacher. This does not mean an attempt to teach all theory and supervise all practice; this is impossible, but an arrangement whereby experience on the ward is supplemented concurrently by classroom instruction seems a feasible one. The departments of a hospital might be divided into units, each with its own specialty: medical, surgical, ear, eye, nose and throat, gynaecology and obstetrics, —each with its own teaching supervisors.

A method has been introduced in our School along these lines. Medical nursing is taught to the comparatively small group of second-year or junior students who are having their three months of experience on medical wards. The medical supervisor who arranges classroom instruction is responsible also for the student's practical experience in various procedures and, together with the head nurse, nursing care of special medical conditions.

A very definite effort is made to confine as much as possible of the teaching of procedures, exclusive of those taught in the preliminary term, to the wards. The closest co-operation between head nurses, house staff and supervisor is absolutely imperative, as the success of this plan depends very definitely upon the ward administration and the willingness of the head nurse to share in this type of teaching for it is she who, in the last ana-

lysis, must provide the opportunity.

In order that such a plan for learning be carried on, it was necessary to make an analysis of the experience the different departments could provide. This is supplemented by group discussions at the bedside. We know that students, head nurses and supervisors, must work together in sharing the responsibility for making opportunities in providing individual instruction. Experience records have been planned and serve as a guide and a check in securing for each nurse the necessary practice or observation.

Aids to teaching and learning include the educational contribution made by many people such as doctors, dietitians and occupational and physiotherapy workers, as well as teaching material—like charts, X-ray, laboratory findings, procedure books and ward libraries. May I quote from the *Survey*:

"The imparting of instruction is merely secondary and incidental to the larger

purpose—that of making conditions as favorable as possible for the student to educate herself. Teachers can provide experience and remove obstacles from the educational pathway, but the student must learn through her own self-activity."

And how shall our measure of success be attained? We can, to some extent, evaluate results but often we can never know by what means we have been responsible for fostering and developing skills, ambitions and appreciations or for submerging them.

The tendency in all countries now is to examine ourselves as a profession and approach the whole problem by an attempt, at least, to be scientific. Thought and study are being devoted to what nursing includes. What is correct and adequate technique? And what methods have value? Nor is this at all a new idea. It was and is the hope of some of the leaders from whom we learn so much. Growth comes with science, skill and idealism—the basis of all our nursing.

HOW TO TEACH

E. NORA NAGLE, M.A., Reg. N.,

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It is easy to realize what a difficulty actual teaching presents if there has not been previous teaching-training. But it need not be so. One beloved teacher has said that any method of teaching will be successful if the teacher is truly understanding and sincerely desirous of guiding learning of his students. I do believe this. The lack of this sincerity is often the reason why teaching is unsuccessful though there may be adequate

knowledge and training in teaching technique. You must, from experience, realize how delicate is that *rapport* or sympathetic response between teacher and pupil; how important it is, and how unimportant most other things are when it is absent. I have put this first because I think it first—just training cannot produce it. Time cannot change its effectiveness. It is the hall-mark of a good teacher.

At one time, it was thought that

the result to be desired from teaching was knowledge; the knowing of facts and of things. Our examination systems today still show evidences of this philosophy. But within the last century or so there has grown up from many sources a real belief that any education, or, limiting that term, any teaching, should produce attitudes, habits of thinking and acting, or in other words, create in the student an ability to solve the problems of living and working more confidently. This belief makes us realize that the most desired outcome of teaching is ability to use or apply the materials of teaching in every day life, for things are truly learned only when they have been made a part of behaviour. This is the great social aim of education today. No examination can test it. Then, teaching must be *guiding* the learning activities of the pupils. The outcome of this guidance must be knowledge and skill; the habits of using these for oneself, and belief in both.

If you, as teachers, believe that your teaching is to accomplish these things, then the next step is a knowledge of how pupils learn. Reviewing briefly, we learn because throughout these wonderful bodies of ours, there is a mechanism which responds to anything which has to do with the outside world. We are told that that response is great or little—is temporary or permanent—according to how alert and ready, or how interested that mechanism of the body is.

In *guiding* learning or teaching the teacher must certainly take into consideration the readiness and interest of the student. She must attempt to create and maintain that readiness. Interest can be created and maintained by calling into use all the responsive mechanism, as recalling knowledges and experiences; by creating

a problem of immediate interest to the student and by student participation in working it out. Quietness, passive attention does not mean interest nor insure learning. Eager questioning, discussion, objection, participation often does. May you learn how to utilize these forces wisely and economically!

Then, believing that teaching is *guiding* learning, and effective learning is dependent on interest, or readiness on the part of the student to learn, the next step is, what shall be taught? The general outline of the material of your teaching is to be found in the *Red Cross Manual*. However, there are a few principles to be recalled in planning the effective use of this material. The subject matter of any class should suit the needs and age of the students. It should be arranged in such sequence that the student can readily see and follow the growing and developing knowledge or skill. Each hour should leave a problem to think over for the morrow—or should, in some very definite way, have grown out of yesterday's teaching. Arrangement of the topics will vary with the different groups. No rule can the teacher follow in this regard. The trends of the student's interest, at present and in the possible future, should be one guide. No doubt you have already found the necessity for changed plans with each group of students.

Next then, comes the problem of how teaching shall be done. The methods used are the result of thinking on your part, for if you believe all that I have told you so briefly, you will see that the ways of directing learning will depend on your understanding these other factors, of the necessity for keeping pupils wanting to learn—keeping them responding to your guiding—and through repetition of responses, insuring learning. All of

this requires careful planning of each day's work and each pupil's work.

No teacher, however simple the subject, should go into the classroom without a definite plan of how the hour will be carried through. The form of the plan does not matter—whether it be placed on a little card or a great many pages. Whatever its form, it should represent the teacher's own earlier thinking, thus leaving her free to work with the individual pupils during the class hour. In most cases such a plan should show the purpose of the teaching; the recalling of old knowledges on which today's teaching is to be based; the linking up of new problems, and the ways by which the teacher hopes to guide the understanding of the pupil. In all of this, constant student participation must be planned for. True teaching is never verbal telling. The plan should end with a summary of the general truths, from the memory or understanding of which the student can gain help and assistance in need and from which the work of the next class can be thought out. It is hard to say which part of any plan is most important; the introduction, the problem, the organization of already learned material; the solution of the problem; the skill; or the summing-up. All are important, as they are parts of the whole, and as the teacher's guidance creates habits of thinking and response in her pupils.

A bit of practical advice is given with the hope it may help you too. Keep each lesson plan. At the close of the class period, judge it as to time, content and method. Mark it with suggested changes in organization or content. Note any good student questions or difficulties encountered. Note contributions the students have made. File the plan

for later use. It will be a very great help to you in understanding future difficulties; in making out examination questions or in planning the next group of classes.

Psychologists tell us that the response to be learned may be secured through many senses—hearing, feeling, doing, thinking and telling—all necessary repetition for learning, but they must be planned for, if time is a consideration. Methods of teaching will take into consideration all these possibilities. I would use as an example the demonstration of nursing which must come into all your teaching. Make each act as perfect as possible, in manner, as well as in deed. Even if it is only a doll-baby, place it very gently—speak to it gently—speak quietly when it has gone asleep. You will have learned, as many of us have, the art of acting. The actor's success depends on how sincerely his part is played. In just the same way the very earnestness of your effort is reflected in the activities of the students which must surely follow.

Any experience, if well utilized, is helpful. To use appropriately the things you or the students have read in newspapers—seen or heard—adds to the vividness of impression. But keep well before you the purpose of using these interesting bits. Make them serve that purpose. Base criticisms or corrections on principles or reasoning. Avoid this sort of thing: *Is that the way I showed you?* The emphasis in such a statement is on imitation rather than on the reason for the act, which is the purpose of teaching it. Above all, believe in the need for and the substance of your teaching; that your teaching will help the student along the way to wiser facing of situations for herself.

Department of Public Health Nursing

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RURAL NURSING

RUBY E. HAMILTON, Reg. N.,

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It is possible to speak only in general terms of rural nursing as it is organized in Canada, as each of the nine provinces is a law unto itself in matters of health and the expenditure necessary to meet them. It is quite obvious that in a new country like Canada, with its vast rural areas sparsely settled, the diversity of problems presents a vivid picture of the urgent need of a well and carefully organized rural nursing service. The most significant step that Canada has taken to improve the nursing situation in general is the publication of the recent *Survey of Nursing Education in Canada*.

There are hopeful signs that the need for a rural nursing service is being recognized by Departments of Health and voluntary organizations, and attempts are being made to meet it. It is a colossal task that will require the combined efforts of the professional and lay groups, and it would be a fallacy to intimate that the people living in rural areas in Canada have anything that approaches an adequate nursing service, except in a few isolated instances. That there is a desire to correlate and standardize the work that is already under way is evidenced by the fact that, twice yearly, the Dominion Council of Health, composed of the Deputy Minister of Health and the Chief Executive officer of each Provin-

cial Department as well as five representatives, meets in the capital to discuss public health problems. Provincial representatives also meet at the annual meeting of the Canadian Public Health Association, when provincial health schemes are outlined and all matters relating to public health are discussed.

The economic situation which has prevailed for the past four years has had a marked effect upon the health programme of the different provinces. Health budgets have been reduced in the official departments, and voluntary organizations have found it more and more difficult to raise funds to carry on their work. For this reason the work has not progressed as it would have done in normal times.

Every province in Canada has a Department of Health, with a Minister of Health in charge. As a result of the activities of these Departments health legislation has been passed, and considerable progress has been made in hygiene and public health, as it affects general sanitation and the health of the infant, the school age child and the young mother.

Six of the Provincial Health Departments have a Public Health Nursing Division, or Bureau, with a director of nurses attached. All activities of the nursing staff come under the administrative control of the Minister of Health, but nursing

An address delivered at the International Congress of Nurses, Paris and Brussels, July, 1933.

procedure and supervision are the responsibility of the nurse in charge. In each province the public health nursing programme is carried out in a slightly different way, but with a limited staff and a very extensive area to cover, only public health nursing of an educational and supervisory nature can be attempted. Frequently demonstrations of public health nursing and health surveys are made in given areas, and following these demonstrations local municipal nurses are appointed. In some provinces an annual grant is given to municipalities to assist in meeting the expenses incurred by the appointment of local public health nurses. All local public health nursing, such as school medical inspection, comes under the supervision of the provincial government staff with the exception of city departments of health. Practically all public health nurses engaged in school nursing advocate the practice of health rules and recognize the Junior Red Cross as the means of motivation.

Five of the provinces have organized county health units. This development is a forward step in bringing about the integration and correlation of all health and social services. The organization of county health units in Canada is modelled after those in England, except that the area served is larger, the population more scattered, and transportation usually more difficult. The nursing programme in the county health unit is a generalized service which may or may not include bedside nursing. To include this latter service a larger staff is required; for financial reasons this must, during present conditions, be omitted.

The Province of Quebec is the only province that has developed this branch of public health to any great extent. At the present time it has twenty-five county health

units functioning. With an average of two public health nurses to a county the programme must be arranged so that they may give the greatest service to the majority of the people within the district. The nurse at all times works under the direction of the medical officer of health, and her duties include the supervision of infant and pre-school welfare, routine inspection of school children, pre-natal visiting, communicable disease visiting, attendance at pre-natal, child welfare, dental and toxoid clinics.

It has been stated that the particular value of the nurse to her community lies in her ability to impart health education to individuals so that they can adopt a more healthful way of living. In order to carry out her duties she must be a woman of intelligence, imagination and sympathy, with unlimited courage and confidence in her ability to help the people. In the *Survey* Dr. Weir says:

The success of the public health nurse, especially in outlying rural communities and in centres where struggling doctors are sometimes fearful of their fees, requires tact and sanity of judgment as well as sound training. Nurses whose background has been chiefly urban ordinarily need a new orientation for work in rural communities.

In his recommendations Dr. Weir suggests that all regular public health nurses should be required to take approved refresher courses for a period of at least one month every four years.

One cannot refer to rural nursing in Canada without mentioning the two great national voluntary organizations that have played such a large part in educating the public to the need for a health service: the Victorian Order of Nurses for Canada, and the Canadian Red Cross Society.

The Victorian Order of Nurses was the pioneer voluntary health agency to engage in district nursing throughout the Dominion. It was founded in 1897. Thirty years

ago, when Northern Ontario and the western provinces were being opened up for settlers, the Victorian Order of Nurses organized small hospitals in order to provide hospital care for the new settlers, and as the population increased, these hospitals were taken over by municipalities. According to Miss Smellie, Chief Superintendent, the primary function of the Victorian Order of Nurses today is bedside nursing and health teaching in the homes, with the development of whatever health work presents the greatest need in that individual centre. The work functions under a local committee of representative lay people, which is affiliated with the national organization. Generally speaking, at the present time the Victorian Order of Nurses extends its service to urban centres chiefly.

The Canadian Red Cross Society, on the other hand, has developed a nursing service only in the isolated frontier districts and has made a very definite contribution to rural nursing since the development of the peace time programme in 1920. In seven provinces, Red Cross outpost hospitals have been established on the frontiers in which public health nurses have been placed in order to provide a nursing and hospital service for the residents of the district. These nurses in isolated areas include bedside nursing in their public health work. In Ontario, a railway coach has been loaned by the railway company, and fitted up as an emergency outpost which can be moved to isolated sections and left for a period of months while a public health nurse makes a health survey of this district. If necessary a permanent outpost can be established later. Classes in home nursing are organized for the women in order that they may receive some instruction in hygiene and the simple nursing procedure required in

cases of minor illness in the home.

In Canada we are fully aware that we have not the faintest semblance of an adequate rural nursing service. The revelations of the *Survey* have disclosed the fact that sixty per cent of the people in Canada needing nursing care do not have the services of a trained nurse. The *Survey* also reveals the fact that two-thirds of the nursing service of Canada is confined to twenty-five cities that make up one-third of the population. The situation, therefore, for rural communities is very dismal indeed. However, the *Survey* points out a scheme whereby an adequate nursing service might be made available to the whole of Canada, even to the most remote rural districts. This could be done only through a compulsory health insurance within definite income limits.

Today we are fully aware that the protection of the public health is fundamentally a governmental problem and responsibility, but it is a problem that requires for its solution not only official action, but also the intelligent and active co-operation of the individual citizen. I have no doubt that we all agree that unless the relationship with the people of the community in which we are working is of the right nature, we cannot hope to realize the success we would desire.

Owing to the educational work that has been done during the past fifteen or twenty years, a public conscience, where health is concerned, is being aroused. Because the public are aware of existing conditions and have acquired an appreciation of local situations, they have a perfect right to demand a share in the responsibility of the public health. In order to develop and secure this community responsibility, where rural nursing is contemplated, it is necessary that committees be formed of responsible and representative citizens in-

terested in the work that is being planned. In voluntary organizations the work would at once cease were it not for the loyal support and interest manifested by the committees. In government departments, where the directors are official appointees and are responsible for the members of their staff to their government, committees may serve in the capacity of advisers and counsellors.

If there is any branch of nursing where committees are of extreme value, it is in the planning of a rural nursing programme, which, if it is to be successful, must be established on a sound and permanent basis. The firmness of this

foundation and the permanence of the programme depends, to a large extent, upon the thoroughness with which the general public contributes in service to the efficiency of the work. People are so constituted that their interest lasts only as long as they are making a direct and personal contribution. The careful selection of committees is one of the most effective ways of securing and maintaining the support of the community. A rural nursing programme benefits greatly by the counsel of a special advisory nursing committee of well known experts, to which the director of nurses can turn for advice at all times.

Miss Harriet Ash Retires

F. V. KENNEDY, Reg. N., Calgary.

It does not fall to the lot of many of us to be given, while we can still appreciate it, the hearty public recognition accorded to Miss Harriet Ash, retiring supervisor of the Victorian Order of Nurses in Calgary.

Born near Brantford, Ontario, Miss Ash was the youngest of nine children and early gave evidence of her organizing ability. She was engaged in several lines of work before she finally entered the School of Nursing of King's County Hospital, New York. Graduating from that school in 1903, she did private nursing for ten years and later joined the Victorian Order of Nurses, taking her training in the Toronto branch of the Order. She then spent two years doing district work in London, Ontario, and in 1916 was sent to Calgary, where her organizing and executive ability found full scope. Today, resigning as she always wished to do, when her work is at the peak, she leaves as a result of her devotion to duty, a splendid organization with a fine record of work accomplished with a future bright before it and an assured place in the hearts of the people of Calgary, for it is not an exaggeration

to say that the Calgary branch of the Victorian Order of Nurses holds a unique place in the philanthropic work of the Dominion. As well as being a fine organizer, Miss Ash is fortunate enough to be intensely human and sympathetic, one evidence being her love for old and chronic cases. The long, drawn-out, tedious and often hopeless case was her special care, and her tact and kindly humour helped many over difficult spots and made her always welcome where a less deft touch would have been resented.

Miss Ash returns to the East full of plans for the future. As she herself says: *My seventeen years in Calgary have not been a great financial success but I have a fortune in happiness from which I shall draw continually. Every day has been worthwhile and I am rich in gratitude. There is no more satisfying work than that of the Victorian Order of Nurses-teaching, and at the same time making patients comfortable. Surely this is a wonderful spirit in which to retire after a task has been well done and it heartens us to know that earnest, faithful work still brings its own reward.*

Department of Private Duty Nursing

CONVENER OF PUBLICATIONS: Miss Jean Davidson, Paris, Ont.

THE CRISIS IN PRIVATE NURSING

GRACE ROWAN, Reg. N., Fredericton, N.B.

Looking back to the dawn of history, we find records telling of the fine service of those who made it their life work to care for the sick. Perhaps you can recall this description of a nurse: *One skilled in every kind of service that a patient may require, endowed with cleverness, competent to cook food, skilled in bathing the patient, conversant with rubbing or massaging the limbs, patient in waiting upon one who is ailing, never unwilling to do anything that is ordered.* This sounds quiet modern, but it was written in India, more than five hundred years before Christ was born.

Today we are working in a troubled and difficult world. Our old ideas, our old confidences, our old sense of security, have been badly shaken by the swiftly moving events of the last few years. Every year in this country, nurses are being graduated into an already overcrowded profession. But the trouble does not lie in the fact that we have, even in prosperous times, too many student nurses, too many training schools and too much unemployment. The real crux of the situation is that the incentive to train nurses rests, not upon the educational demands nor upon public needs, but upon the demand of hospitals for the nursing and maid service which they get from student nurses.

Tragic unemployment among private duty nurses has sent many of those who are so fortunate as to

have families, back to their homes. Others are finding occupation outside their profession, for it is said that nurses and actresses show more adaptability in finding occupation than other women. Many have found temporary employment through various agencies and some have had to appeal to social agencies for help.

Competition with practical nurses is a difficulty which must be faced. A great deal of home nursing, in larger cities especially, is done by practical nurses. Why? Partly because doctors and patients believe that they more readily adapt themselves to family situations than do graduate nurses. In a few instances, such as the care of chronic cases, perhaps a practical nurse would suffice, but we believe that the competition of practical nurses will only be checked when graduate nurses demonstrate superior skill, and equal or greater adaptability in hours, rates, and personality to family situations. Nurses everywhere are demonstrating a new flexibility in planning, but doctors have to be shown, over and over again, that their nursing needs can be met by competent graduate nurses.

Private duty nurses are not suffering and struggling alone. Problems of unemployment are the concern of the whole profession, and the whole profession should be mobilized to find the solution. No group of nurses is immune and none ought to be indifferent to the

common problem. Heads of hospitals and public health nursing services are doing their utmost, against terrific odds of deficits and decreased budgets, to employ more graduates. Some hospitals are taking in fewer students. Others have discontinued their training schools and are staffing the entire hospital with graduates. Others are helping the private duty situation by introducing an eight-hour system, and this is successfully done to the satisfaction of both patient and nurse. More patients employ nurses for this shorter day as it means a dollar less in the charge to the patient.

Much, however, remains to be done. Measures which should be energetically pushed may be summarized as follows:

1. Close personal contact with influential citizens should be maintained so that those who shape public opinion may become interested and informed concerning nursing problems.

2. The local nursing organizations should be on the alert for opportunities to work with the public so that community leaders will learn to look to the nursing organizations for co-operation.

3. Full publicity should be given to the facts about over-production and the necessity for choosing new students with the utmost care. Once the confidence of the community is obtained, nurses should be in a position to wage a campaign against over-production.

How much can be done by way of expanding the field of nursing service? So much has already been done that we marvel at the accomplishment; yet all that has gone before, has only opened up new fields and raised new problems for the future, some of which are:

1. What can be done about rural nursing?

2. How can better pre-natal and

maternity care be given every mother?

3. What can nurses do to lessen the malnutrition due to ignorance and poverty?

4. What of the almost untouched field of mental hygiene?

5. How can visiting nursing make its way into the prisons or our country, where it could be so unspeakably helpful?

6. What are we doing towards the preparation of well-equipped instructors and administrators?

7. Have we fully explored the possibilities of the nursing field in tuberculosis?

If we are to rise to the measure of these opportunities we must have women who, when they complete their course in nursing schools, will go right on studying, so that they will be better equipped and better educated nurses than the average. Intelligence cannot be employed in an emergency unless it is used daily. We should cultivate an appreciation of the value of reading. Bacon wrote: *Reading maketh a full man*. So you see that although we have completed three years of study, how necessary it is to continue that study and to keep up our reading.

We have spoken of educational requirements and the value of further education and reading. We have mentioned new fields in nursing service, we have touched on over-production and the different methods of relief carried on by some hospitals. We have included the practical nurse in our discussion and now I would like to make a few practical suggestions to those who enter the private duty field.

Nurses doing private duty should make themselves expert in some particular field. Post-graduate training is best, of course, but there are many special accomplishments that the nurse can develop out of school. For example, if you nurse children, practice telling children's

stories until you do it well. Have a store of quiet games to be played in bed; study forms of simple dramatics so that little plays can be worked out in the twilight, or during restless hours of the night. Learn something of occupational therapy. Children love to work with their hands. For obstetrical cases learn short cuts in baby care; know about time schedules; study best authorities on supplementary diets. If you are nursing men, learn bridge and card games that two can play; watch stock quotations and be prepared to discuss them. All these things will keep your patient interested.

Above all, do not go into the

home of a patient with a superiority complex. A patient wants a nurse who is really sorry to find her sick; who can guide without seeming bossy; who is charming, tactful, kindly and big-hearted enough to understand the delicate unbalance of a household where illness enters; one who carries this spirit into the kitchen and does not stir up strife in that quarter.

There is no lone hand in the game we play

We must work to a bigger scheme.

And the thing that counts in the world today

Is . . . How do you work with the team?

Book Reviews

ESSENTIALS OF CHEMISTRY: A textbook for nurses with laboratory manual, by Gretchen O. Luros, B.A., Department of Nursing Education, Cass Technical High School, Detroit, Mich. Second edition. Rewritten, reillustrated and reset. 417 pages. Twenty illustrations. Price \$3.00. Published by J. B. Lippincott Company. Canadian Office: 525 Confederation Life Building, Montreal.

In the preface to the second edition of this book the author states her purpose in writing it: *to present the fundamentals of chemistry in as simple a manner as possible without sacrificing any of the actual science itself.* In view of the nature of this science it can hardly be expected that this objective will be fully attained. Nevertheless effort has been made to present an admittedly difficult subject as clearly and simply as possible.

At the beginning of each chapter

topics to be studied have been enumerated to give the student nurse a bird's-eye view of the contents of that chapter. This is followed by introductory remarks, which link the new material to be studied with that which has been presented. A summary also has been included at the end of each chapter to round out and thoroughly fix the salient points of the discussion in the minds of the students. The author has incorporated more and newer applications of chemical facts in nursing procedure. In the chapter on proteins the new role which gastric digestion of proteins plays in the maturing of red corpuscles and, consequently, in pernicious anemia, has been brought out. The second part of the book takes the form of a laboratory manual in which directions are given for carrying out twenty-two experiments. An appendix gives information concerning the preparation of laboratory

stock solutions and also contains a list of important symbols with their symbols, atomic weights and valences. There is a good index.

HANDBOOK OF HOSPITAL MANAGEMENT, by Matthew O. Foley; Editorial Director of Hospital Management; 116 pages with index. Price one dollar. Published by Matthew O. Foley, Downers Grove, Ill., U.S.A.

This handbook has been compiled from information derived from many sources, gathered and interpreted over a period of nearly fourteen years as editorial director of *Hospital Management*. The object of the handbook is to furnish brief, easily accessible answers to questions which frequently arise and whose answers can not be found unless an extended search of convention reports, association literature, publications, hospital constitutions and rules is made. In every instance a generally accepted answer or practice is set forth, and in many instances quotations from references covering the subject are included.

As any one knows who is at all familiar with the field of hospital administration, few standards or definitions are universally accepted, but there are many which are approved by associations, agencies,

administrators and executives. It is the purpose of this compilation to bring many of these into one convenient booklet. It is hoped that this handbook will stimulate the acceptance of uniform definitions, and the more general use of certain methods so that a more accurate comparison of the work of different hospitals may be made. Another purpose is to present accepted principles of board, staff and departmental relationships, in order to minimize friction and misunderstanding.

The subject matter is conveniently arranged in question and answer form and the authority upon which the answers are based is usually cited. The book thus constitutes a valuable bibliography on hospital administration. *The Canadian Nurse* is included in the list of publications likely to be of interest to hospital administrators and personnel.

A Gem From Alberta

At a recent examination for registration held under the auspices of the Alberta Registered Nurses Association this question was put: *What is cretinism?* The reply was: *Cretinism is the term applied to a person who develops the habit of criticizing.* The *Journal* invites the other provinces to add similar jewels to its collection.

Notes from the National Office

Contributed by JEAN S. WILSON, Reg. N., Executive Secretary

To indulge in a brief review of the more outstanding of the Canadian Nurses Association's achievements for 1933 is in keeping with the closing month of the year. To a marked degree the Seventh Quadrennial Congress of the International Congress of Nurses focussed the attention of the membership, not only of the one hundred and fifty whose privilege it was to be in Paris and Brussels for the international gathering, but also for the many more who had to remain in Canada. Decisions reached by the I.C.N. affected all branches of the profession and of paramount importance and interest was that to proceed with the establishment of a Foundation which will become a memorial to Florence Nightingale from the nurses of the world. This project was brought to the attention of the provincial units of the C.N.A. early in the year and since the Congress there has been distributed from the National Office copies of the report of the I.C.N. Florence Nightingale Memorial Committee. Procedure with this undertaking is to follow the plan generally adopted by the C.N.A., namely, a national committee to which will be appointed a representative from each province who in turn will become responsible for the formation of a provincial committee.

Somewhat similar plans have been adhered to in the development of: (1) the Study of the Survey of Nursing Education in Canada; (2) a Proposed National Curriculum in Schools of Nursing in Canada; (3) the Membership Campaign. In reference to the latter, it is gratifying to report an increase of 1,075 mem-

bers for the year. National membership is a total of that in the nine provincial registered nurses' associations. The present increase, a gain of twelve per cent., is attributed to the efficient work of the Membership Campaign Committee.

At intervals, letters of appreciation of the experience gained have been received from the four members of the C.N.A. who, during the year, were privileged to study professional interests in Great Britain. Itineraries for these members were made through the Exchange of Nurses Committee (C.N.A.) with the College of Nursing, London, England.

The C.N.A. has formulated objectives that are making heavy financial demands on the organization. It is gratifying to be able to report that there will be a favourable balance in the treasury for the end of the year.

On Remembrance Day in accordance with the annual custom, a floral tribute, in the name of the Canadian Nurses Association, was placed before the Canadian Nurses Memorial in the Hall of Fame, Parliament Buildings, Ottawa.

Throughout the year headquarters' staff has been keenly aware of the valiant way in which our nurses are helping themselves, and better still, helping one another, during the continued period of unemployment and uncertainty. These members are especially in mind with the approach of the Christmas season. To them and to the membership at large, headquarters' staff sends the season's sincerest greetings and the wish that the Spirit of Christmas may remain with each one during the New Year.

Letters to the Editor

In Memory of Miss Snively

Dear Miss Emory:

I wish to express to you, as President of the Canadian Nurses Association, the great sympathy I feel with you and with the nursing profession in the loss of your Honorary President, my great and kind friend, Miss Mary Agnes Snively.

Her devotion to the highest ideals of nursing and her affection for her own graduates and for all the members of the profession were great and lasting. Her good deeds are unnumbered and not one of them will be forgotten before God. She was a good and true woman. We shall not look upon her like again.

With great sympathy,

Your sincere friend,

HELEN MACMURCHY.

An American Tribute

I have just finished reading the November issue of *The Canadian Nurse*, and I am writing to ask if we may have two extra copies of it. My superintendent was an early graduate of your Toronto General Hospital and in my student days I learned to know of the work and the personality of your great Canadian leader. I should like to send a copy of the magazine to Miss Whittaker and to have the good photograph to add to our teaching material here.

IRENE R. ENGLISH,

Director of Nursing, Kahler Hospitals
School of Nursing, Rochester, Minn.

A Word of Praise

I find *The Canadian Nurse* most helpful in my line (private duty) and was particularly interested in the article in the October issue, *Surgical nursing care in thyroid intoxication*, by A. B. Hunter. In fact, every month I look forward to receiving my copy knowing full well that there will be many items of current interest and something applicable besides.

Here's long life and good health to *The Canadian Nurse*.

HELEN PAGE, R.N.,
Toronto.

What Our Readers Like

I am enclosing a check for renewal of *The Canadian Nurse*. Each number seems better than the last. I particularly value Miss Wilson's *Notes from the National Office*.

MARGARET PRINGLE,
Marquette, Mich.

The British Nursing Scene

I loved St. Bartholomews with its eight hundred years of history, its traditions and its ancient buildings. The nursing in the wards seems to be very well done and the ward sister continues to do all the practical teaching of students. I did enjoy spending a little time in the Nightingale School—they too have a preliminary training school and a four-year course for student nurses. I am finding the London Hospital a most interesting and happy place, located almost at the end of Petticoat Lane and having quite a record for service to the Royal family. Queen Mary is president of the Hospital board and visits the hospital at regular intervals. I was surprised to find the work in five of the seven operating rooms being done by men. The ward sister, who brings her patient to the operating room, is the only nurse present. These men are taken from the ranks of the porters and are trained by the surgeons and appear to be quite skilful. There are five hundred students in the school, one hundred sisters, and a private duty staff of two hundred. I go next to the Royal East Sussex Hospital at Hastings, then return to London and do a round of a few L.C.C. and mental hospitals. At the end of November I go to Scotland and will leave for Canada in December.

I am enjoying my London; there is so much to see and to do. Womanlike, I love to linger in the shops and, while purchases are limited for prices are quite high, I find a lot of pleasure in looking at the beautiful things. The theatres are most attractive, as are the many beautiful parks and public buildings. And the people—the teeming millions of people. This is surely the melting pot of the nations. Never have I seen greater evidence of wealth and pleasure-seeking, and then one turns to the out-patients' department of a London hospital where poverty and misery come seeking relief from their distress—and life goes on and on. I am having a truly great experience for which I shall never cease to be grateful.

PRISCILLA CAMPBELL,
London, England.

Miss Campbell is the superintendent of the Public General Hospital, Chatham, Ontario, and is making a study of British nursing methods and education.—*Editor*.

News Notes

News items intended for publication in the ensuing issue must reach the Journal not later than the eighth of the preceding month. In order to ensure accuracy all contributions should be typewritten and double-spaced.

ALBERTA

CALGARY: The regular monthly meeting of the Calgary Graduate Nurses Association was held on October 17 when two new applications for membership were accepted. Miss Hilda Paterson and Miss Audrey Dick are the new members. Because of the closing of the registry some changes in the by-laws were necessary and two motions, of which notice had been given at the previous meeting were proposed, discussed and finally carried. All members who are engaged in any branch of their profession are now to come under the head of active members and pay yearly dues of \$2.00. Hereafter non-active members shall be nurses who are fully qualified for membership, i.e. registered nurses, but who are not actively practising their profession. Their yearly dues shall be \$1.00.

The following nurses were appointed to the executive meeting to fill vacancies which had occurred since the election last year: Miss F. Reid, Miss A. McKee, Miss D. Mott, Miss E. J. Husband. Miss A. McKee, the new supervisor of the V.O.N. in Calgary, consented to take Miss Ash's place as convener of the finance committee. It was decided to hold a bridge in November, possibly combined with a sale of work. The association heard from the treasurer, Miss Watt, that its obligations are gradually being met and the future looks promising. A committee was appointed to deal with the matter of approaching the Provincial Association regarding a possible closer association with that body. Following the business an interesting discussion took place on impressions of the recent convention.

CALGARY: The Calgary private duty section of the A.A.R.N. begins its winter work on November 13 under the convenership of Miss Hilda Paterson, who was appointed at the annual meeting. It is hoped to continue the study of the Weir Report and several other projects of interest will be brought up for consideration. Miss Johns' address at the recent Convention and her round table with the private duty section left so many new ideas and so much new information concerning nursing conditions in general, both present and future, that material is abundant for consideration and discussion.

CALGARY: The Alumnae Association of the Holy Cross Hospital School of Nursing went off the gold standard at the beginning of the year. Hoping to get a full attendance at all

meetings of the association, all fees were cancelled for one year. By so doing, it was hoped to give every nurse a chance to take an active part and thus get in line for work when times become better.

A Hallowe'en tea proved successful on October 25 when more than one hundred and fifty called at the cosy reception room of the Nurses Home, which was prettily decorated with Hallowe'en favors, ferns and autumn flowers. An illuminated pumpkin, holding bronze chrysanthemums, complemented by tall, orange and black tapers, set in silver sconces, made an attractive table motif. Mrs. W. R. Cope, Miss M. Haslam and Miss J. E. Blake received the guests, while Mrs. A. T. Kloefer invited the guests to the tea-room. Those sharing the honours at the tea table were Mrs. F. Galloway, Mrs. T. Clendon, Mrs. C. Galvin and Mrs. J. Fish. Those assisting in serving were Miss A. Dick, Mrs. H. Farthing, Miss L. Freeman, Miss T. Weatherhead, Miss I. Booth, Miss J. Dube, Miss R. Bond, Miss I. Hemmingway, and Miss R. Farewell. The convener was Mrs. J. M. Delaney, and Miss M. E. Brown assisted as treasurer.

LAMONT: The class of 1922 of Lamont Public Hospital enjoyed a re-union in August. The celebration lasted two days and included a visit to the hospital where the members were entertained by the Hospital Board, a picnic at Elk Island Park given by the Alumnae Association, a dinner with their Superintendents, and a tea at the home of Mrs. B. I. Love, the class president. The class chose the occasion of the furlough of Miss Ada Sandell, of Hamheung, Korea, for this happy event and members came from near and far. They are maintaining their organization which has continued since training school days and are finding it eminently worthwhile.

BRITISH COLUMBIA

VANCOUVER: The Autumn meeting of the Graduate Nurses Association of British Columbia, was held in the Auditorium of the Vancouver General Hospital, on October 7, with a very good attendance, several coming from outside the city. The morning was given up to sessions of the nursing education, public health and private duty sections, followed by a most interesting round table in which all sections joined. Council members were the guests of Miss Fairley at luncheon. The afternoon meeting consisted of reports of

standing and special committees and general business. It was decided that the experiment of hourly appointment nursing service would not continue after the six months' trial, but it was hoped that the Victorian Order of Nurses would feel it wise to continue this service. A resolution expressive of the regret of the Association at the death of Miss Snively was passed, to be sent to the Alumnae Association of the Toronto General Hospital, as showing our sympathy with them. The chief feature of the afternoon session was an address given by Miss Johns which gave a gripping picture of nursing conditions of today, and of the changes and improvements which might lead toward the closer interlocking of the interests of every citizen in this problem of nursing care for all those needing our services. The banquet at the Hotel Georgia, with Miss Johns as guest speaker, brought many. Few of those present will soon forget the vivid description of what she called *A beautiful adventure*. Delightful vocal selections were given by Miss Margaret Kerr. Those attending the afternoon session were entertained at tea by the Vancouver General Hospital.

VANCOUVER: At the recent examination for the title and certificate of Registered Nurse in British Columbia, held in various centres of the Province, the following is the result. A total of 124 wrote the examinations; 118 passed and 4 passed with supplementals to write; 1 passed a supplemental. The list of successful candidates follows, standing in order of merit:

First class: (80% and over)—M. B. Maffatt, Vancouver General Hospital; W. M. Sutherland, Vancouver General Hospital; J. A. Sisley, Kelowna General Hospital; A. E. Trayler, Vancouver General Hospital; (K. M. Clugston, L. Fine, equal), M. E. P. Ahier, I. C. Moffatt, K. Heaney, P. J. Deacon, H. G. McAuley, (M. B. Cather, F. E. Salmon, equal), A. S. Law, (B. E. P. Langley, M. E. Neily, equal), (M. F. Castell, F. E. Clayton, equal), (E. I. Tyner, E. R. Ketchum, equal), M. E. Burke, M. E. Riley, J. A. Fulton, (D. I. Hunt, O. E. Belecky, equal), L. K. Richmond, (E. R. Fierheller, J. A. Wilson, D. M. Solly, J. G. Black, equal), (E. S. Davis, M. C. Graham, D. H. Verley, equal), A. M. Guyan, (A. Reid, A. L. B. Haddon, equal), J. R. Castle.

Second class: (65% to 80%)—P. M. Freemantle, I. A. Watts, (E. F. K. Blank, M. I. Boyd, E. M. Malmsten, F. A. Sawyer, equal), M. V. Boles, (A. M. Hemmingsen, G. M. Hoskins, M. R. Gwyer, equal), M. M. Hickman, (M. A. Diebol, M. J. Nicoll, equal), C. H. Boyce, H. J. Dorgan, (M. A. Gazeley, A. E. MacDougall, equal), (S. L. Dodds, M. M. Storey, equal), V. G. Garrish, E. M. Toynbee, A. A. Barlow, D. E. B. Findlay, (M. E. Jenkinson, M. C. Carment, equal), M. V. Robinson, A. McKay, L. Christianson, (M. P. Pollock, B. D. Bolivar, equal), E. Maylor, A. Fry, E. Gibson, (R. A. Clyne, E. Hyslop, equal), (E. S. Ver-

non, M. H. L. Murphy, equal), E. J. Higgin, botham, F. E. Carlisle, equal), (C. F. Hayden, M. L. Watson, equal), (R. Rothnie, M. I. Fleming, equal), (J. E. Davison, E. A. Lawley, equal), (J. L. Murray, M. M. Nelson, equal), G. I. Badenoch, O. M. Clancy, (S. S. Urquhart, V. I. Jermyn, F. O. Igeland, equal), D. J. Spratt, M. P. Downing, D. M. Phelps, (J. S. Ostergard, C. M. L. McLeod, equal), (C. B. Liversage, F. M. Wilson, equal), (M. E. Fraser, M. E. Shelly, equal), (E. Gowan, M. A. Morrison, equal), V. E. Weller, Y. M. Reed, M. M. Caldwell, M. B. Watson, M. E. Paonessa, A. M. Warren, H. I. Turpel, H. E. Vanetta, (I. J. Cameron, L. A. Glanville, equal), L. Cokely.

Passed: (60% to 65%)—(M. Hitchen, A. M. Hyndman, D. M. Steele, equal), F. H. Fretz, M. McC. Bell, E. A. Elson, J. S. Dickson, C. A. Walker.

Passed with supplementals to write:—W. E. Courtney, J. G. Gillespie, G. Lowe, F. B. Thompson.

MANITOBA

BRANDON: On October 17 the student body of the School of Nursing of the Brandon General Hospital elected the following officers: President, Marjorie Jackson; Vice-President, Flora Ross; Secretary, Nellie Douglas; Glee Club Leader, Ada Brigham; Student Christian movement, Dorothy McCall. In the senior class Miss M. Matchett was named president; Sarah Haines, Vice-President; and Elsie Withers, Secretary. In the intermediate class Irene Conley was elected President; Marjorie Long, Vice-President; and Ina Maggison, Secretary. The officers for the junior class are: President, Ruth Coltart; Vice-President, Beatrice Termaine; and Edna Morrison, Secretary.

The first regular meeting of the organization was held and plans for the winter's work were outlined.

ST. BONIFACE: Miss Starr has resumed her duties at the Nurses Central Directory after spending a holiday at Chicago, attending the World's Fair. Miss Marion Oliver, superintendent of the Indian Hospital, Norway House, visited in the East, and on her return, spent a short time in Winnipeg. Mrs. Stella Gordon Kerr has returned to Winnipeg, after spending the past three months in England and on the Continent. While abroad, Mrs. Kerr attended the International Congress. Miss Patricia Christopherson (S.B.H. 1929), a member of the staff at Teulon Hospital, was a visitor in the city recently. Rev. Sr. Meade, former superintendent of nurses, St. Boniface Hospital, was a visitor in St. Boniface, while attending the Catholic Hospital Association Convention. The St. Boniface Nurses' Alumnae Association held a successful bridge party on October 20.

MARRIED: In September, at Winnipeg, Miss Ellen Farrell (S.B.H. 1928), to Dr. Emmett Dwyer.

NEW BRUNSWICK

CAMPBELLTON: The graduating exercises of the School of Nursing of the Hôtel Dieu Hospital, Campbellton, were held on October 11 in the auditorium of the High School. As they marched into the hall, loud applause greeted the graduates, whose smart uniforms formed a striking background for their beautiful bouquets of American Beauty roses. Dr. Charles E. Dumont presided and, speaking both in English and French, stressed the fact that doctors and nurses are not the only channels of healing but that there is much more than the average patient realizes by way of equipment and human service at work in his behalf in a modern hospital. Mayor P. W. Caldwell graciously extended felicitations to the happy graduates, after which the formal address to the graduating class was given by Reverend F. M. Lanteigne, V.F.P.P., who exhorted the nurses to be true to the highest ideals of their profession and impressed upon them the need of their being women of strong Christian character if they would be true to their high calling. The chairman presented the diplomas to the following graduates: Ella M. Young, Bathurst; Marie Michaud, Grand Falls; Yvonne M. Hendry, Chatham; Bertha M. Burgess, Grand Falls; Frances M. Murray, Cross Point; Irma M. Gaudet, Moncton; Jessie E. Durant, Rexton; Albina M. Fournier, East Bathurst; Viola M. Elslegar, Jacques River; Germaine M. Theriault, East Bathurst. The class pins were bestowed by Mrs. George Dumont and Mrs. Chipman Kean. The first prize for general proficiency in studies was won by Miss Viola Elslegar, the second by Miss Marie Michaud. Dr. A. M. Sormany of Edmundston spoke of the progress that is taking place in the art of healing and surgical skill, and of the high place the hospital has amongst the institutions that conserve human life. In offering congratulations on behalf of the advisory board, Mr. Wm. Walsh, the vice-president, commented on the educational value of a hospital training course and on the wide opportunities offered the nurse for helpful service, wherever her lot may be cast. Two captivating solos by Mme. Adjutor Bernier and several harmonious orchestral selections gave much pleasure to the large audience. A reception for the friends of the graduates at the Nurses Residence brought the graduation day to a happy conclusion.

MONCTON: Among those who attended the annual meeting of the N.B.A.R.N., held recently in St. Stephen, were Miss MacMaster, Miss MacLaren and Miss Scott from the Moncton Hospital, also Misses Kay, Bennett, Good, Johnson, and Scott. The first meeting of the local chapter since the summer vacation was held on September 11, with a splendid attendance. Plans were made for the usual Armistice dance. Misses Gunn and Good were appointed joint conveners. The student nurses of the Moncton Hospital,

entertained at a delightful dance on October 30, when Miss MacMaster and Miss Wilson acted as chaperons. Mr. and Mrs. Rene Steeves of Sussex, are being congratulated on the arrival of twins on September 23. Mrs. Steeves was formerly Miss Clara Lauder and is a graduate of the Moncton Hospital. Miss Alice Newcomb, operating room supervisor, recently returned from a holiday spent with relatives in Saskatchewan. Miss Ella Sutherland has returned to Moncton, after having spent some months at her home in Nova Scotia. Miss Lena Jouch (Moncton Hospital, 1924), recently became the bride of Samuel Steeves of Sunny Brae. The many friends of Mrs. James Lutes (Shirley Wood) will regret to learn of her illness, and that she is forced to take a few months' rest. Miss Ida Scott is spending a few weeks at her home in Kings County, recuperating after a recent illness.

SAINT JOHN: The Saint John Chapter of the Registered Nurses Association of New Brunswick held its regular meeting at the Nurses Residence of the Saint John General Hospital on October 23, with the president Miss A. A. Burns, in the chair. There was a very large attendance. Reports from the registry committee and private duty section were received and an interesting business session followed. On Remembrance Day, our president, an overseas nurse, placed a wreath on the War Memorial. Miss Laura Pepper of the federal department of agriculture gave an excellent address on the value of dairy products.

A meeting of the private duty section of the Local Chapter was held at the Saint John General Hospital on October 15, with Miss Lillian Wilson in the chair. Matters of local interest were discussed and a social hour enjoyed.

A successful bridge party was held under the auspices of the Saint John General Hospital Alumnae Association in the Nurses Residence on November 3rd, with Miss Murdoch and Miss Wilson as general conveners. The guests were received by the president, Mrs. G. L. Dunlop, Miss Margaret Murdoch and Miss Rheta Wilson. The class of 1933 acted as servitors. The proceeds are to be used to furnish a solarium in the Nurses Residence.

The American College of Surgeons has announced the results of its annual survey and approval was given to fifteen hospitals in New Brunswick.

Miss Caroline Page was recently appointed to the staff of the Saint John General Hospital. Mr. and Mrs. Eisenach (Marie Kirkpatrick) and their twin daughters have moved to Montreal to reside. Mrs. Hilyard Steele entertained a number of friends at afternoon tea on October 26. Miss Mary Barnhill and Miss Edna Dickson entertained delightfully with a dinner bridge at the Beatty Hotel on October 25.

MARRIED: On October 12, 1933, at Fredericton, Miss Ida Kimball (S.J.G.H.), to Mr. Kenneth B. Brown. Mr. and Mrs. Brown are residing in Oromocto, N.B.

MARRIED: On September 25, 1933, at Union City, N.J., Miss Josephine Murphy (S.J.G.H. 1928), to Dr. Vincent Del Vecchio, of New York.

SAINT JOHN: The annual meeting of St. Joseph's Hospital Alumnae Association was held on October 2 at the hospital. The reports of the various committees were heard and the election of officers resulted as follows: President, Mrs. J. L. Mulalay; Vice-President, Miss Christina Jennings; Secretary, Miss Laura Morrissey; Treasurer, Miss Miriam Sullivan; Executive, Miss Margaret Nagle. Miss Eleanor Nash. The Alumnae Association is well satisfied with the progress made during the past year and is planning for renewed activity in 1934.

During the summer many of the nurses visited their homes in Saint John. Among those were Miss Margaret Higgins, Miss Anna Kane, Miss Helen Harris, and Miss Mary Walsh, all of New York City, and Miss Elsie O'Leary, of New Jersey.

SAINT STEPHEN: At the annual meeting of the Saint Stephen Local Chapter officers were elected for the coming year. Reports read showed interest and activity among the members. A new committee, to be known as the "grievance committee", was appointed to deal with problems arising from nurses using the registry. The business meeting was followed by refreshments and cup-reading.

At the September meeting of the C.M.H. Alumnae the sum of \$25.00 was voted towards local Red Cross work.

Miss Myrtle Dunbar has returned from Montreal, and Miss Brownrigg from Philadelphia, where they have been on professional duty.

We regret to note the serious illness of Miss Esther Morey (C.M.H.) who is a patient at the Fisher Memorial Hospital at Woodstock.

MARRIED: On October 11, 1933, at Milltown, N.B., Miss Grace Mamere Mowatt (C.M.H. 1928), to Mr. Harold Everett MacDonald. They will reside in Saint Stephen.

ONTARIO

DISTRICTS 2 and 3

BRANTFORD: The annual meeting of districts 2 and 3, Registered Nurses Association of Ontario, was held in Brantford on November 1. Nurses were present from Woodstock, Tillsonburg, Galt, Guelph, Kitchener, Stratford and Simcoe, with a total registration of over one hundred. Dr. R. L. Hutton brought greetings from the medical staff of the Brantford General Hospital. Reports of standing and special committees were received with marked interest. Miss M. Buck, President, R.N.A.O., spoke on membership; and Miss

Matilda E. Fitzgerald, provincial secretary, gave a brief talk on enrolment of registered nurses for war or disaster. Miss Dora Arnold of Brantford presented a most interesting and instructive report of the meetings and social activities of the International Council of Nurses. High tea was served by the members of the Florence Nightingale Club and the Brantford General Hospital Alumnae Association. The election of the district officers for the year 1933-1934 resulted as follows: Chairman, Miss A. E. Bingeman, Freeport; Vice-Chairman, Miss H. L. Potts, Woodstock; Secretary-Treasurer, Miss E. M. Jones, Brantford; Nurse Education Section, Miss R. M. Hamilton, Stratford; Public Health, Miss E. Eby, Guelph; Private Duty, Miss M. Davison, Woodstock; Councillors, Brant: Miss K. Charnley; Oxford: Miss A. Cook; Huron: Miss M. McCorkendale; Wellington: Miss H. Dennis; Perth: Miss F. Kudoba; Waterloo: Miss E. Seely.

BRANTFORD: The regular monthly meeting of the Alumnae Association of the Brantford General Hospital was held on November 7, when Dr. G. W. Harris gave a splendid address on his recent trip to the Congress of the American College of Surgeons and the Century of Progress Exposition. Refreshments were served and a social time spent.

GALT: On October 24, a very successful bridge was held at Galt General Hospital, by the Alumnae Association. The president of the association, Miss Mitchell, received the guests, assisted by Mrs. Carruthers, president of the Ladies' Hospital Aid, and Miss A. Cleaver, superintendent of the hospital. The proceeds were given to the Hospital Ladies' Aid.

GUELPH: The senior class in the School of Nursing of the General Hospital had a delightful party during October. Miss Agnes Campbell attended the Ontario Association Convention held in Toronto.

The engagement of Miss Evelyn Howard is announced and her marriage to Mr. Robert Brydon will take place in November.

MARRIED: On October 28, 1933, at Owen Sound, Ontario, Miss Rachel Hall Speers (G.G.H. 1919), to Mr. W. Fairweather, of the O.A.C. staff, Guelph, Ontario.

STRATFORD: Misses M. Gibb, M. Hodgins, F. Kudoba, C. Staples and E. Doupe were in attendance at the annual meeting of Districts 2 and 3, R.N.A.O. Miss Cryderman recently paid an official visit to the local branch of the V.O.N.

WOODSTOCK: The Woodstock General Hospital was visited recently by Lady Bessborough. Miss Helen L. Potts, superintendent, greeted the distinguished visitor and the nurses formed a guard of honour. Members of the graduate staff were introduced to her Excellency by Miss Potts, following which a tour of the hospital was made under the direction of Miss Potts and Miss McFedran. Following the inspection, Lady Bessborough

was entertained at a tea given by the Women's Auxiliary to the Hospital Trust. The living room presented a most attractive appearance with its decoration of purple and yellow chrysanthemums. Her Excellency's charming personality made the event most enjoyable as she chatted informally with the visitors.

A delightfully arranged tea was sponsored on October 11 by the Graduate Nurses Alumnae Association. Receiving the guests were Miss Mabel Costello, president of the Alumnae Association, and Miss Gladys Jefferson. The rooms were gay with flowers and the tea table was presided over by Mrs. Charles Sheddan and Mrs. Percy Johnston. Mrs. McDermott showed the guests to the tea room. Miss Hodgins was in charge of an attractive display of home baking, while Miss Eby and Miss Hobbs sold candy. Piano selections, given by Miss Calla Hall and Eugene Dake, were much enjoyed. The regular monthly meeting of the Alumnae Association was held on October 2, when Miss H. L. Potts gave a splendid talk on the permanent education fund. After the business meeting, refreshments were served under the convenership of Miss Hastings.

Several friends of Mrs. Ray Corman (Marion Laurie) surprised her with a miscellaneous shower prior to her marriage on September 30.

DISTRICT 4

HAMILTON: Miss M. Rosenblatt, graduate of 1933, entered the novitiate of St. Joseph's Convent on September 8, 1933.

MARRIED: On October 20, 1933, in Hamilton, Miss Helen Robinson (St. Joseph's Hospital, 1929), to Mr. Harold Myers, both of Hamilton.

DISTRICT 5

TORONTO: The permanent education fund committee of District 5, R.N.A.O., held a successful bridge on October 14. Twenty useful prizes had been donated which were awarded on the "lucky number" system. A Kenwood blanket, also a donation, was raffled and cleared over thirty dollars. Donations from members not playing brought the total proceeds to \$360.00.

TORONTO: The annual meeting of the Community Health Association of Greater Toronto was held October 30, when the following officers were elected: President, Miss Laura Gamble; First Vice-President, Miss Mildred Mann; Second Vice-President, Miss Elvira Manning; Secretary, Miss Helen Keaney; Treasurer, Miss Muriel Winter; Councillors: Miss Irene Hedges, Mrs. Geo. W. Hanna, Miss Zada Keefer, Miss E. Regan, Miss Ruby Hamilton, Mrs. W. A. Suckling. Miss Charlotte Whitton, Executive Director of the Canadian Council of Child and Family Welfare gave a very thoughtful and interesting address.

TORONTO: HOSPITAL FOR SICK CHILDREN. Dr. and Mrs. H. E. Clutterbuck have returned

from an extended trip to Ireland. Mrs. Gaseden Terry (Elizabeth Mitchell, 1912) of Tasmania, Australia, was a visitor in Toronto. Miss R. Sutcliffe has returned from Bermuda. Miss Dorothy Hollister (H.S.C. 1928) is night supervisor at the Soldiers' Memorial Hospital, Orillia. Miss Cordelia Hoeflin (H.S.C. 1928), has been appointed director of nursing at the Indiana State University Hospital. Miss Clara Morris (H.S.C. 1932), is with the Grenfell Mission at Herrington, Labrador.

MARRIED: On September 6, in Port Perry, Amy Marie Beare (H.S.C. 1927), to Mr. Clarence McKinnon. Mr. and Mrs. McKinnon will reside in Detroit.

MARRIED: In June, at Weston, Ontario, Versal Rountree (H.S.C. 1931), to Mr. Harold Gould. Mr. and Mrs. Gould are living in Toronto.

MARRIED: On September 10, in Toronto, Dorothy Mitchell (H.S.C. 1929), to Mr. Alexander O'Hara. Mr. and Mrs. O'Hara will reside in Sioux Lookout.

MARRIED: On October 11, in Toronto, Miss Florence M. Booth (H.S.C. 1927), to Dr. Harold E. Edwards. Dr. and Mrs. Edwards will reside in Toronto.

TORONTO: ST. JOHN'S HOSPITAL. Mrs. Percy Roberts (Violet Downes, St. John's Hospital, 1929), is doing active work in the hospital she and her husband have founded in Abyssinia. Miss Mildred Johnston (St. John's Hospital, 1924), has left for England to take a course in preparation for missionary work in Africa.

MARRIED: On August 18, Miss Helen Lakey (Wellesley Hospital, 1926), to Mr. Martin Dean. Mr. and Mrs. Dean will reside in Toronto.

MARRIED: On August 19, Miss Hazel Craig (Wellesley Hospital, 1928), to Mr. Rogan. Mr. and Mrs. Rogan will reside in Toronto.

MARRIED: In August, Miss Alice Reed (Wellesley Hospital), to Mr. MacKay, of Toronto.

MARRIED: In October, Miss Helen Berryhill (Wellesley Hospital, 1931), to Mr. E. L. Rioc. of Hamilton.

DISTRICT 6

PETERBOROUGH: The annual meeting of District 6 was held at the Nicholls Hospital, on October 24. Owing to unfortunate weather conditions, representation from the different sections was small. The election of officers for the coming year took place, the only change being the election of a new chairman and vice-chairman. The complete list follows: Chairman, Miss H. Anderson, Peterborough; Vice-Chairman, Miss F. Fitzgerald, Belleville; Secretary-Treasurer, Miss D. E. MacBrien, Peterborough; Private Duty Section, Miss M. Watson, Peterborough; Public Health, Miss M. MacKenzie, Lindsay; Nurse Education, Mrs. E. M. Leeson, Peterborough; Representative to *The Canadian Nurse*, Miss E. Walsh, Peterborough; Convener Membership Committee, Miss F. Fitzgerald, Belleville; Nominating Committee, Miss Collier,

Belleville; Miss Black, Port Hope; Mrs. La-Planta, Peterborough; Councillors; Miss Elliott, Port Hope; Miss Gaden, Picton; Miss Smythe, Bowmanville; Miss McIndoo, Belleville; Miss Morrison, Lindsay; Miss Price, Peterborough. At the conclusion of the business meeting, Dr. Dutton, District Medical Officer of Health, gave an instructive address on the nursing care of poliomyelitis. Tea was served by the social committee of Chapter C.

PETERBOROUGH: The Nicholls Hospital Alumnae Association raffled tickets for a hope chest, the sum of \$200.00 being raised for the fund which serves a two-fold purpose of giving professional care to indigent patients and work to nurses.

MARRIED: On August 2, at Gore's Landing, Miss Gladys Wilson to Mr. John Hardill of Peterborough.

DISTRICT 7

BROCKVILLE: The regular meeting of District 7, R.N.A.O., was held on October 20. Miss Acton was in the chair and members were present from Perth, Smith Falls, Kingston and Brockville. Miss B. Edwards gave a most interesting talk on Victorian Order nursing, Miss Edwards, who is a graduate of Queens University and of the Kingston General Hospital, has completed post-graduate work at Varsity and is now with the Carleton Place branch of the Victorian Order. Dr. Fletcher, superintendent of the Eastern Hospital, spoke on the history of mental hospitals and stressed the importance of having training in psychiatric nursing. At the close of the meeting the visitors were entertained at tea.

BROCKVILLE: Miss Alice Shannette, superintendent of the Brockville General Hospital, is spending her holidays in Morrisburg. Miss Beatrice Hamilton, assistant superintendent, recently returned from a trip abroad.

MARRIED: On August 30, at Brockville, Miss Lillian Esther Baneroff to Mr. John Franklin Gemmell.

KINGSTON: The Alumnae Associations of the Kingston General and Hotel Dieu Hospitals held a bridge and dance in the nurses' residence of the Kingston General Hospital on November 2, in aid of the permanent education fund. The event was largely patronized and a goodly sum of money was realized. The many friends of Miss Bertha Willoughby are pleased to know that she has recovered from her recent illness and has returned to her home in Lyndhurst. Miss Willoughby is a graduate and a former superintendent of the training school of the Kingston General Hospital, and was matron of Number Seven (Queen's University) Canadian General Hospital in France during the great war. Miss Mabel Brian (K.G.H. 1933) has been appointed assistant supervisor of the Isolation Hospital, Kingston. Miss A. Baillie, superintendent of nurses, Kingston General Hospital and Miss Potter, dietitian, have returned from a motor trip to Chicago. Miss Munn, inspector of training schools, accompanied them as far as Sault Ste. Marie. Miss M.

Gardiner, Miss E. Rutledge and Miss M. Bird (K.G.H. 1933) are doing post-graduate work in the Kingston General Hospital.

MARRIED: On October 16, Miss Beatrice Veronica Brady (Hotel Dieu Hospital, 1932), to Mr. Victor Nicholson. The Alumnae Association of the Hotel Dieu Hospital presented Miss Brady with a table lamp.

SMITHS FALLS: The Graduate Nurses Association of Smith Falls held their opening meeting on October 9, when new officers were elected. The second Monday in every month was decided on for the meetings, which will be held in the Nurses' Residence of the Chambers Memorial Hospital. Nineteen Smiths Falls nurses attended the annual meeting of District 7, which was held in Brockville.

SMITHS FALLS: On September 18, an Alumnae Association of the Smiths Falls Public Hospital Training School was organized at a meeting held in the nurses' residence. There was an attendance of twenty-nine enthusiastic graduates, who have taken as the objects of their Association the following: (1) to strengthen and co-operate with the hospital and training school. (2) for fraternal gathering. (3) to give material aid. The fees for the year took the form of a birthday offering, each graduate contributing one cent for each year of her age. From the ninety-one graduates, besides those in attendance, there were received a number of letters of greeting. The meetings will be held the first Monday of each month at 8 p.m. in the nurses' residence. Graduates were present from Detroit, Brockville, Lanark, Smiths Falls and the surrounding country. The election of officers resulted as follows: Hon. Presidents: Miss M. F. Bliss and Miss J. A. Osborne; President, Mrs. Gordon Marsh; Vice-President, Miss Carrie Morrison; Secretary-Treasurer, Miss Marion Eamer.

DISTRICT 8

OTTAWA: A general meeting of District 8, R.N.A.O., was held at the Ottawa General Hospital, Miss Dorothy Percy, Chairman of the District, presided. Satisfactory reports from the different sections were read. Miss Juliet Robert, night supervisor, Ottawa General Hospital, gave an interesting report on the International Council of Nurses. Dr. R. K. Paterson gave an instructive lecture on cancer and radiation treatment. At the close of the afternoon session the members were guests of the Reverend Sisters of the Grey Nuns to a charmingly arranged tea. Dr. J. H. Lapointe gave a most informative lecture on immunity, immunization and shock therapy at the evening session. We were also privileged to have with us Miss Edna Moore, chief public health nurse for the Province of Ontario, who gave a historical résumé of public health nursing in Ontario and some recent developments in the health field in eastern Ontario. Miss Anna Kilduff gave an entertaining account of a tour through Great

Britain, Ireland and Europe following the International Council of Nurses. One hundred and sixty members were present.

OTTAWA: Miss B. V. Hughes, who has been supervisor of the Soldiers' Ward at the Ottawa Civic Hospital since 1924, has resigned her position owing to ill-health, and is now residing at 572 Parkdale Ave., Ottawa. Miss Ella Rochon, supervisor in charge of the admitting department since the opening of the hospital in 1924, has resigned. Her marriage to Dr. Edward Besner of Maniwaki, Quebec, took place on October 2, 1933. Miss Hughes and Miss Rochon were guests of honour at a charmingly arranged supper party. Miss Hughes was presented with a cheque, and Miss Rochon with a silver tea service from the graduate nurses' staff association of the Ottawa Civic Hospital.

QUEBEC

MONTREAL: Miss Louise Shepherd (M.G.H. 1928) has returned to take up her duties as sister-in-charge of the children's ward. Miss Shepherd spent July and August at the Children's Hospital, Boston, in post-graduate work. Miss Ruth Stericker (M.G.H. 1913) is at present taking a post-graduate course at the Psychiatric Hospital, Toronto. Miss M. Copland (M.G.H. 1932) is also in Toronto at the Hospital for Sick Children taking a post-graduate course in paediatrics. Miss M. MacKay (M.G.H. 1929) has resigned from the anaesthetic staff of the Montreal General Hospital, and has taken the position of night supervisor in the out-patient department at the Central Division. Miss K. Yule (M.G.H. 1931) is replacing Miss MacKay on the anaesthetic staff. Miss L. Brand (Western Hospital, 1917) has just completed a post-graduate course in surgery and medicine. Miss Hilda Little (M.G.H. 1923), superintendent of the General Hospital, Grand Falls, Newfoundland, has been visiting her parents, the Rev. and Mrs. Little of Montreal.

MARRIED: On August 5, at Montreal, Miss Viola McGibbon (M.G.H. 1927), to Dr. L. S. Burton. Dr. and Mrs. Burton will reside in Montreal.

MARRIED: On September 25, at Vankleek Hill, Ontario, Miss Evelyn Jousse (M.G.H. 1931), to Mr. Thomas C. Walcot. Mr. and Mrs. Walcot will reside in Montreal.

MARRIED: On September 22, at Eldon, P.E.I., Miss Margaret Gillies (M.G.H. 1927),

to Dr. Charles Hammond Johnson. Dr. and Mrs. Johnson will reside in P.E.I.

MARRIED: On September 16, at Montreal, Miss Marjorie MacBride (M.G.H. 1929), to Dr. Malcolm Fluhmann. Dr. and Mrs. Fluhmann will reside in Montreal.

MARRIED: On September 30, at Molesworth, Ontario, Miss Elizabeth Y. Bateson (M.G.H. 1927), to Dr. Howard S. Mitchell. Dr. and Mrs. Mitchell will reside in Montreal.

MARRIED: On September 26, at Westmount, Miss Helen Allworth (M.G.H. 1927), to Mr. Harold J. Pearson of St. Georges, Bermuda. Mr. and Mrs. Pearson will make their home in Bermuda.

MARRIED: On October 4, at Montreal, Miss Delia Mignot (M.G.H. 1930), to Mr. Thomas F. Butler. Mr. and Mrs. Butler will reside in Montreal.

MARRIED: In October, at Lacolle, Miss Dema M. Lathe (M.G.H. 1922), to Mr. Thomas Traver Van Vliet. Mr. and Mrs. Van Vliet will reside at Lacolle.

QUEBEC: The annual meeting of Jeffrey Hale's Hospital Alumnae Association took place on November 6, when the officers' reports were read and adopted. The Hon. President on behalf of the Alumnae Association, presented life memberships to Miss F. L. Imrie, R.N., and Miss H. A. Mackay, R.N., members of the first graduating class in 1904. Officers for the ensuing year were elected and are as follows: Honorary President, Mrs. Barrow; President, Miss D. Jackson; First Vice-President, Miss E. Fitzpatrick; Second Vice-President, Mrs. C. Young; Recording Secretary, Miss E. McCallum; Corresponding Secretary, Miss M. Fischer; Treasurer, Miss E. McHarg; Representative to *The Canadian Nurse*, Miss N. Martin; Representative to Private duty section, Miss G. Martin; Sick Visiting Committee: Mrs. Barrow and Mrs. Buttmore; Refreshment Committee: Mrs. Melling, Miss Weary, Miss Hansen, Miss McClintoch; Councillors: Miss Imrie, Mrs. Craig, Mrs. Jackson, Miss Mackay, Miss B. Adams.

The graduation exercises of the School of Nursing of Jeffrey Hale's Hospital took place in the nurses residence on October 24, when six nurses received pins and diplomas. Addresses were given by Dr. W. LeM. Carter and Col. Wm. Wood. During the course of the evening there was a delightful programme of entertainment, and refreshments were served in the lounge. Following this dancing was enjoyed.

OBITUARY

GUTHRIE—On October 13, 1933, Geraldine Guthrie, Reg.N., a graduate of the Ontario Hospital, Brockville, and post-graduate of the Toronto Western Hospital.

LITTLE—On August 17, 1933, at North Hatley, Mrs. R. Little (Ellen Kezar), a

member of the class of 1928 of the School of Nursing, Jeffrey Hale's Hospital, Quebec.

WALBRIDGE—In Belleville, on June 15, 1933, Ella E. Lewis, a member of the class of 1905 of the School of Nursing of the Hospital for Sick Children, Toronto, wife of Frederick C. Walbridge, of Belleville, Ontario.



OVERSEAS NURSING SISTERS' ASSOCIATION OF CANADA

Many Honourable Women

The *Ottawa Journal* in its issue of October 9, quotes, under the caption of Side Lights, the accompanying excerpt from the *Halifax Herald*, a publication which has, on several occasions, displayed a kindly interest in the *Journal*:

"Somewhere high up in the list of world's meanest thieves there should be room for the name of a Montreal burglar. The man, identity unknown, stole the war medals of an overseas nursing sister, Miss E. Frances Upton, R.N., whose home was broken into. But *The Canadian Nurse* relates Miss Upton got her medals back soon afterwards. A street sweeper found them in a shovelful of dirt scooped from a sewer. It requires something like that, now and then, to shame many of us into remembering the Nursing Sisters, their devoted service and the nobility of their sacrifice.

*Now and not hereafter, while the breath
is in our nostrils,*

*Now and not hereafter, ere the meaner
years go by—*

*Let us now remember many honourable
women,*

*Such as bade us turn again when we
were like to die.*

"And perhaps the mean thief is not so much worse than that other thief—Time—that clouds with forgetfulness the sacrifices of the Sisters—and what we owe them for their service and their suffering."

Ypres Revisited

From Brussels to Ypres is over one hundred kilos, hence an all-day trip by auto. Passing through Belgium one was impressed by the pastoral loveliness of the country which, in memory, was a land occupied by the armies of hostile nations. Green grass and waving trees, flower gardens around peaceful dwellings, made a great contrast to the scene of 1916-17, when Belgium was a desert waste filled with all the accoutrement of war.

Near Dixmude a few old trenches have been preserved, where rusted shells, barbed wire, old guns, and remains of tanks may be seen. Short visits were

made to cemeteries at Hoogledebe, Poele Cappelle, Langemarck, Hill 60, Zornbeke, Dixmude and Passchendaele. Handsome memorials are erected in each cemetery and there is no difficulty in locating graves. The maple leaf on each Canadian headstone looks so familiar and so dear an emblem in a foreign land. The cemeteries are especially beautiful at Passchendaele where there are many cedar shrubs brought from Canada. In all of them there are lovely roses, making the cemetery look like a beautiful rose garden, rivalling in loveliness the royal rose gardens at the Palace of Laeken where the nurses attending the International Congress of Nurses had on the previous day been guests of the King and Queen of the Belgians.

The Menin Gate memorial at the entrance of Ypres is a wonderful and lasting tribute to the men who died and whose bodies were not found. On this immense structure there are over sixty thousand names. It reminds one of the ancient gates of Rome. The town of Ypres has not been entirely re-built. The handsome Cloth Hall, once the pride of Europe, is being re-built, and St. Martin's Cathedral, close by, has been restored and many evidences of its wreckage have been preserved. The old statues, books, altars, handsome paintings, mostly old, but there is too much brightness from the windows making one realize that the modern has replaced the old. However, the restoration of both buildings has been along the original lines.

Messines Ridge, Mont Blanc, Mont Noir, Kemmel and Mont de Chats were, on this occasion, visited from the opposite side to that from which the Nursing Sisters saw them when on duty at No. 2 and No. 3 Clearing Stations between Abille and Poperinge.

The Nursing Sisters were pleased to make this little pilgrimage to the cemeteries, in honour of those they had the privilege of nursing during the war, and in honour of all those who had rendered that greatest act of service: *To lay down their lives for their fellow-men.*

ELIZABETH REGAN,
St. Michael's Hospital, Toronto.

... OFF ... DUTY ...

For some reason . . . we cannot get uniforms . . . out of our head . . . backward . . . turn backward . . . O Time in thy flight . . . and all that sort of thing . . . you don't see uniforms changing . . . but they really do . . . look at those snapshots . . . taken ten years ago . . . if you don't believe us . . . perhaps it is . . . the way we used to . . . do our hair . . . those buns over the ears . . . those Eton bobs . . . worse still . . . the wind-blown variety . . . we still recall with horror . . . the first cap . . . we saw . . . precariously attached . . . to a newly-bobbed head . . . with adhesive plaster . . . of course the adhesive . . . was supplied by the hospital . . . entirely free of charge . . . it does come in handy . . . for a variety of purposes . . . mending raincoats . . . patching rubbers . . . and so on . . . but this adaptation . . . to hair-dressing . . . was a new one to us . . . we wondered . . . how it was removed at night . . . probably with alcohol . . . or ether . . . supplied by the hospital . . . entirely free of charge . . . then the collars . . . the day we graduated . . . we took ours . . . and cut it into little pieces . . . with our bandage scissors . . . as a token of emancipation . . . from three years torture . . . inflicted by a high starched clerical collar . . . on a thick short neck . . . but later on . . . when we saw . . . the comfortable turn-down variety . . . worn décolleté . . . as at the Opera . . . we regretted the restraint . . . of other days . . . the buns over the ears . . . were pretty bad . . . but the influence of Greta Garbo . . . was even worse . . . we have seen coiffures . . . built on that model . . . surmounted by a cap . . . attached to three hairs . . . on the occipital region . . . the net result . . . was rather grisly . . . reminded us of a chicken . . . we once saw . . . after a big wind . . . in the Far West . . . she was moulting . . . and the wind carried away almost all her feathers . . . except the tail . . . of course her eyes . . . did look larger . . . and more soulful . . . but somehow . . . the general effect . . . was not good . . . the little curls . . . clustering on the neck . . . can be over-done, too . . . even the devices . . . sold by Woolworth . . . do not always . . . prevent drakes' tails . . . unless of course . . . one wears a net . . . which is an abomination . . . except when cleaning a bath tub . . . at which time . . . it has its uses . . . snapshots in 1933 . . . reveal strange eyebrows . . . not noticeable . . . in the faded prints of yester-year . . . where they appear . . . a trifle more luxuriant . . . and less supercilious . . . the pursuit of loveliness . . . cannot be checked . . . if it is necessary . . . to suffer . . . in order to be beautiful . . . we suffer . . . in fact once . . . we experimented . . . with a little homatropin . . . the trouble was . . . we produced . . . an uneven dilatation . . . of the pupils . . . and gave rise . . . to unjustified suspicions . . . that we were suffering from brain tumour . . . still we did our best . . . Greta Garbo could do no more . . . "Ay tank Ay go home now"

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International Council of Nurses:

Secretary, Miss Christiane Reimann, 14 Quai des Eaux-Vives, Geneva, Switzerland

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ALBERTA

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BRITISH COLUMBIA

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MANITOBA

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ONTARIO

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A.A., Belleville General Hospital]

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A.A., Brantford General Hospital

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A.A. Owen Sound General and Marine Hospital

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A.A., Sarnia General Hospital

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Meetings will be held the second Tuesday in each month at 8 p.m. in the Assembly Room, Nurses' Residence, Toronto Western Hospital.

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A.A., Department of Public Health Nursing, University of Toronto

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A.A., Connaught Training School for Nurses, Toronto Hospital, Weston

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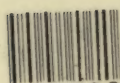
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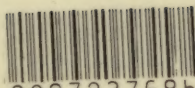
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